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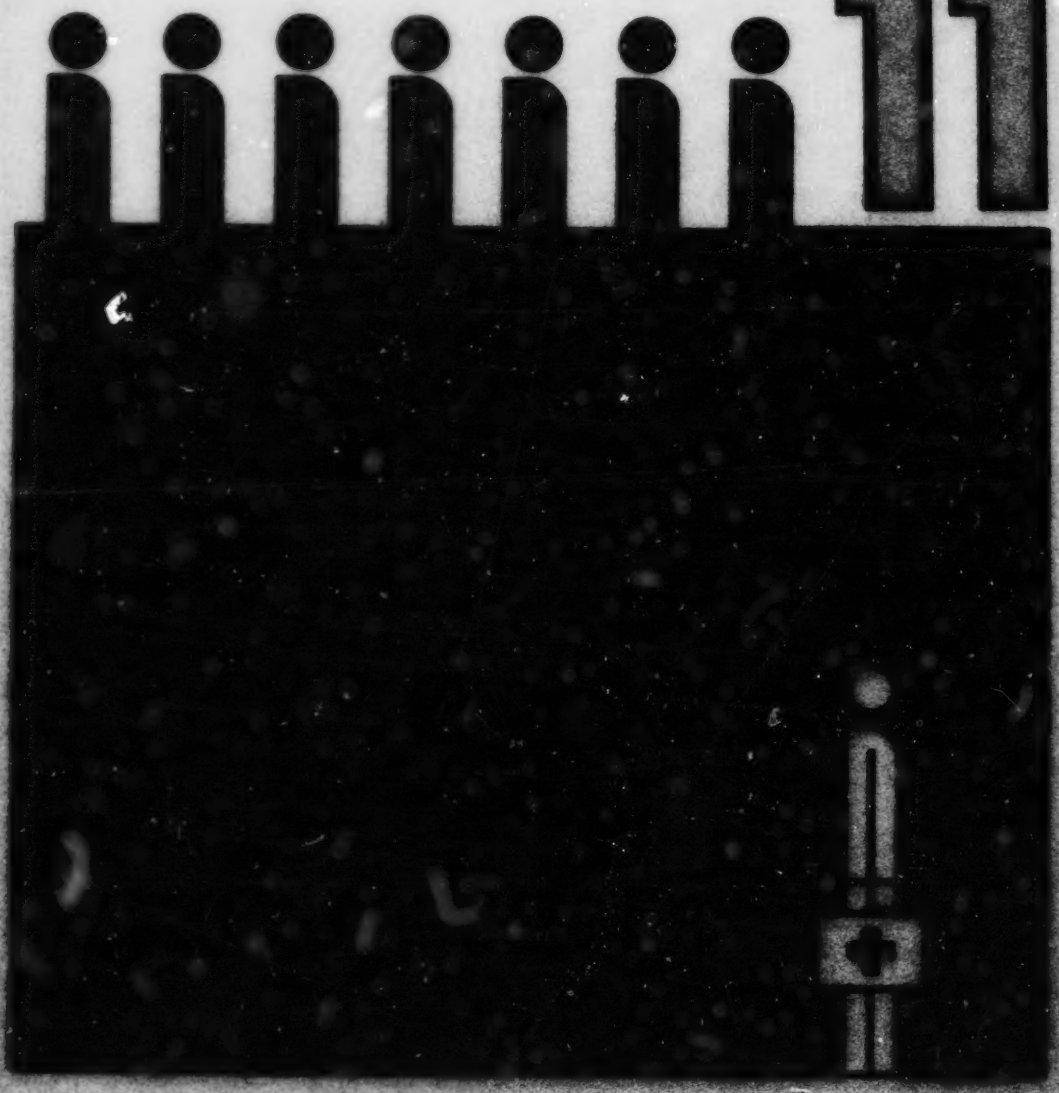
SALUS: LOW-COST RURAL HEALTH CARE AND HEALTH MANPOWER TRAINING

an annotated bibliography with special emphasis on developing countries

Editor: ROSANNA M. BECHTEL

VOLUME 11



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Bechtel, R.M.

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An annotated bibliography with special emphasis on developing countries

Volume 11

Editor: Rosanna M. Bechtel

Abstracts written by: Rosanna M. Bechtel, Elizabeth Bollinger, Hope Cadieux-Ledoux, Anita Firth, Dianne V. Kalbfleisch, Frances Morgan, and David Paul-Elias

(This is the eleventh in a series of annotated bibliographies on low-cost rural health care and health manpower training. These volumes are published irregularly.)

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Abbreviations and Acronyms

AID — Agency for International Development
BCG — Bacillus Calmette-Guerin
BHC — basic health care
c — centimetre(s)
cc — cubic centimetre(s)
d — day
DDT — dichlorodiphenyltrichloroethane
DPT (DTP) — diphtheria-pertussis-tetanus
Engl — English
FAO — Food and Agriculture Organization
Fren — French
g — gram(s)
Ital — Italian
IUD — intrauterine device
kcal — kilocalorie(s)
kg — kilogram(s)
km — kilometre(s)
mg — milligram(s)
ml — millilitre(s)
PPD — purified protein derivative
Russ — Russian
Span — Spanish
UK — United Kingdom
UN — United Nations
UNICEF — United Nations Children's Fund
US (USA) — United States of America
USSR — Union of Soviet Socialist Republics
VHF — very high frequency
WHO — World Health Organization

I Reference Works

7001 **Canadian Society for Tropical Medicine and International Health, International Health Committee, Ottawa.** ***Tropica-Canada: newsletter of the International Health Committee.*** Ottawa, Canadian Public Health Association. Engl.

Each issue of this quarterly periodical focuses on important health issues in developing countries, such as water and sanitation or population. In addition to articles covering these problems and the efforts made by various Canadian institutions to address them, the publication may contain letters, bibliographies and lists of resources, notices of conferences and other events, and details of scholarships and other programmes providing financial support. It is published four times a year and is distributed free of charge. It is available from the Canadian Public Health Association, Suite 210, 1335 Carling Avenue, Ottawa, Ontario, Canada K1Z 8N8. (RMB)

7002 **Centre d'Information sur la Vie Sexuelle, la Maternité et la Régulation des Naissances, Paris.** ***Liste des ouvrages reçus au service de documentation: information sexuelle-jeunes. (List of material received by the documentation service: sex education for young people).*** Paris, Centre d'Information sur la Vie Sexuelle, la Maternité et la Régulation des Naissances, Sep 1977. 7p. Fren. Unpublished document.

This bibliography lists material pertaining to sex education received by the centre in 1976 and 1977. Arranged alphabetically by author, each entry includes a brief description of the contents of the book or pamphlet. Topics covered include sexual physiology, contraceptive methods, and venereal diseases, as well as sexual behaviour, attitudes, and ethics. (FM)

7003 **Courrier, Paris.** ***Enfants du quart monde: référence récentes/Socially and economically deprived children: recent references.*** Courrier (Paris), 29(6), 1979, 561-563. Engl., Fren.

This short bibliography lists, by author, 68 references to publications on the problems of children and adolescents in slums and shanty towns in industrialized and industrializing countries throughout the world. Some of the literature deals with various attempts to improve the economic, social, and psychological status of such children. (HC-L)

7004 **Feng, S.N., Marthas, H. IPPF, London.** ***Family planning and family life education for pre and new literates: a guide to sources, methods and resources.*** London, IPPF, 1980. 120p. Engl. 30 refs.

A wide range of examples of resource materials on family planning and related issues are presented, with illustrations where appropriate, under three headings: resources for educators and trainers, resources for use with pre literates, and resources for use with new literates. Emphasis is on low-cost non-electrical aids such as booklets, flashcards, exhibits, flannelographs, games, and puppet shows, but some aids requiring electricity, such as filmstrips, slide/tape sets, and broadcasts are reviewed as well. (HC-L)

7005 **Goldsmith, C., Goldstein, S., Khagram, K., Zwi, A.** ***Critical health.*** Hillbrow, South Africa, University of the Witwatersrand, Medical School, Medical Students' Council. Engl.

This irregularly published journal contains reprints of articles collected by the editors dealing with health and related issues of interest to physicians and other health workers in Africa. A typical issue includes articles on health in Mozambique, skin poisoning caused by the use of skin-lightening creams, the suppressive activities of the South African Medical and Dental Council, and how to conduct an epidemiological study. (RMB)

7006 **Leprosy Mission, London.** ***Teaching and learning materials; revised book list 1980.*** London, Leprosy Mission, 1980. 1.v.(unpaged). Engl.

This list contains books and pamphlets on leprosy that are avilable free of charge from the Leprosy Mission, London, UK, and books for sale from the London and New Delhi, India, branches. Most of the 23 items are accompanied by a brief abstract and all are classified according to whether they are suited to the needs of a specialist, physician, nurse or other professional, auxiliary, or literate layperson. (HC-L)

7007 **Lloyd, D.V., Stavros, M.B.** ***Physician's assistant: a bibliography.*** Chicago, Ill., Council of Planning Librarians, Exchange Bibliography No. 1210-1211, Jan 1977. 100p. Engl.

This bibliography contains some 1 500 references to English-language, mainly US, documents concerning physician's assistants grouped alphabetically by author under these headings: general; education and training, licensure, certification, and legal aspects; and foreign experience. Individual entries list author, title, and source information. There are no abstracts. (DP-E)

7008 **Lunin, L.F.** *Health sciences and services: a guide to information sources.* Detroit, Mich., Gale Research, Management Information Guide No. 36, 1979. 614p. Engl.

This bibliographic guide lists sources of health information including both institutions and publications; many entries contain short annotations. Various sections cover health sciences and services in general (history, health education, etc.); biomedical information; medicine and clinical sciences; dentistry; nursing; public health, including the organization, management, and economics of health care; environmental health and tropical medicine; health insurance; pharmacy; and libraries, publishers, data base distributors, and suppliers. The volume does not cite publications produced by professional societies or organizations or a number of government publications. (AF)

7009 **Pan American Health Organization, Washington, D.C.** *Oral rehydration therapy: an annotated bibliography. 2nd edition.* Washington, D.C., Pan American Health Organization, Scientific Publication No. 445, 1983. 172p. Engl.
Also published in Spanish as *Terapia de rehidratación oral: una bibliografía anotada.*

This 2nd edition of PAHO's annotated bibliography on oral rehydration therapy includes all the 133 citations contained in the 1st edition (covering the period 1949-early 1980) plus 144 new ones from 1980 to the end of 1982. There are five chapters: history, clinical trials, composition, impact, and implementation. Each entry contains title, author, and source information with abstracts. In addition to English, included are documents in Bulgarian, Portuguese, Spanish, French, and Dutch, some of them unpublished. There are also a sequential bibliography, author and country indices, and photographs. (DVK)

7010 **Pan American Health Organization, Washington, D.C.** *Oral rehydration therapy: an annotated bibliography.* Washington, D.C., Pan American Health Organization, 1980. 116p. Engl.

This annotated bibliography contains 133 English abstracts divided into chapters on the history, clinical trials, composition, impact, and implementation of oral rehydration therapy. Each entry also contains author, title, and source information. The documents range from 1949-early 1980. Some unpublished manuscripts are cited and one Spanish document. There are a sequential bibliography and author and country indices. (DVK)

7011 **Phebe Hospital and School of Nursing, Community Health Department, Monrovia, Liberia.** *Bong County community health newsletter.* Monrovia, Liberia, Phebe Hospital and School of Nursing, Community Health Department. Engl.

This mimeographed newsletter is published monthly by the Community Health Department, Phebe Hospital and School of Nursing, Monrovia, Liberia. A typical issue contains articles on health problems such as water supply, sanitation, waste disposal, and epilepsy and provides information on services such as home visiting, health facilities, and health manpower. There are also announcements of forthcoming meetings and a few news items concerning medical personnel. (AF)

7012 **Universidad Mayor de San Andrés, Centro Nacional de Documentación Científica y Tecnológica, La Paz, Bolivia.** *Indice boliviano de ciencias de la salud, 1977-1978. (Bolivian index of health sciences, 1977-1978).* La Paz, Universidad Mayor de San Andrés, 1979. 44p. Span.

Some 200 citations to articles published in various Bolivian periodicals (a list of which is included) in 1977 and 1978 are presented under these subject headings: anatomy and anthropometry; diseases; chemical substances and drugs; techniques and equipment for analysis, diagnosis, and therapy; biological sciences; anthropology and education; humanities; information sciences; and public health. Citations are also cross-referenced by author and the key word in the title. (HC-L)

II Organization and Planning

II.1 Health Workers

See also: 7048, 7057, 7354, 7363, 7368, 7383, 7403.

7013 **Australia, Department of Health, Northern Territory.** *Policy statement on Aboriginal health worker training.* Darwin, Australia, Department of Health, Northern Territory, n.d. 1v.(unpaged). Engl.

See also entry 7355.

This policy statement introduces the training programme for Aboriginal health workers in rural Australia, stressing the need for Aboriginal people to participate in their own health care. A brief description of the role of the health workers is followed by criteria for selecting candidates for the programme. The course comprises two levels, basic and post-basic, and is conducted locally whenever possible. Emphasis is on teaching rather than practice and professional staff involved in the programme will receive orientation and in-service training to upgrade their teaching skills. (FM)

7014 **Castro, J.O.** *Training of personnel for health services operations research in Latin America.* Bulletin of the Pan American Health Organization (Washington, D.C.), 13(4), 1979, 403-411. Engl.

Health services operations research is defined as the application of scientific methods and tools to problems involving the operation of health systems. Multidisciplinary in nature, it has no formal training programme in Latin America but is offered in the context of programmes in health administration, industrial and systems engineering, statistics, and business administration. A survey of 35 Latin American industrial engineering departments revealed 9 that were engaged in some form of health services operations research. The author recommends training in this field for health administrators and health services researchers and outlines possible national and international strategies to promote the development of training programmes. (FM)

7015 **Chell, A., Chell, D.** *Turning health care right-side up.* Salubritas (Washington, D.C.), 4(1), Jan 1980, 1, 6. Engl.

A recent evaluation of Sudan's primary health care programme for its rural and nomadic population revealed that the programme's preventive emphasis was being undermined by cultural pressures, logistical and practical problems, and an educational system inherited from colonial days. It is therefore recommended that health workers' training be revised to stress development and preventive care, that testing and demonstration facilities for appropriate technology be set up, that a network of instructors to promote and teach the new technology to health workers be trained, and that schools replace the present academic curriculum with one stressing health, hygiene, agriculture, and appropriate technology. (HC-L)

7016 **Eeckels, R.** *Education of health workers in developing countries.* In Wood, C., Rue, Y., eds., Health Policies in Developing Countries, London, Royal Society of Medicine, International Congress and Symposium Series, No. 24, 1980, 7-8. Engl.

For complete document see entry 7244.

The main problem in educating health workers in developing countries seems to be how to develop and teach a medicine of poverty to replace wealth-oriented Western medicine. Suggestions for overcoming this problem include making medical schools small and open to the community, integrating physician training with that of other health workers, and beginning practical training in the 1st year. (DP-E)

7017 **Fendall, N.R., Tiwari, I.C.** *Trends in primary health care.* Tropical Doctor (London), 10(2), Apr 1980, 78-85. Engl. 32 refs.

The past 10 years have witnessed widespread acceptance of the health centre concept and the role of auxiliaries in medicine, yet the primary health care movement continues to suffer from lack of status and recognition so far as institutional and manpower development are concerned. This paper examines the main obstacles to the implementation of primary health care, foremost among which are lack of skilled teachers for auxiliaries and deficiencies in field supervision and management, and what must be done to overcome them during the next decade. (HC-L)

7018 **Fülöp, T.** *Health personnel to meet the people's needs; the WHO medium-term programme in health manpower development.* WHO Chronicle (Geneva), 33(3), Mar 1979, 80-95. Engl.

Also published in French, Russian, and Spanish.

WHO has recognized the need to reorient its health manpower development programme toward increased social relevance and to provide a practical framework for the implementation of new concepts and long-term

health manpower plans. It has therefore formulated, in collaboration with member states, a medium-term (e.g., 6-year) programme in health manpower development that is intended to be a single, coherent effort consisting of national, regional, and global components. This paper describes the characteristics of the reorientation and sets forward the 11 interdependent global targets and relevant activities of the medium-term programme. Characteristic pages of the global and regional components for the same target are included for illustrative purposes. (HC-L)

7019 **Gallagher, J.** *Educational planning and health.* WHO Chronicle (Geneva), 30(2), 1976, 70-71. Engl.

Also published in French, Russian, and Spanish. This report of a WHO working group summarizes ways in which health and education administrators can cooperate in planning to meet the educational needs of health personnel. Mechanisms for planning at the national and local levels are discussed. (DP-E)

7020 **Molina, G., Turizo, A., Arango, A., Gómez de Murillo, S.** *Colombia: how to select community health leaders.* World Health Forum (Geneva), 1(1/2), 1980, 57-61. Engl.

This paper describes the painstaking process whereby a health team, over a 3-year period, made contact with community organizations, selected and trained community health leaders, and promoted the establishment of community health committees in a number of communities in Medellín, Colombia. It also discusses the preliminary health effects of these efforts and points out some of the obstacles to attempts at fostering community participation. (HC-L)

7021 **O'Sullivan, J., O'Sullivan, G., Ebrahim, S.** *Primary health care in Ubon refugee camp.* British Medical Journal (London), 280(6216), 15 Mar 1980, 779-781. Engl.

The Ubon Refugee Camp, Thailand, houses some 40 000 Laotians awaiting resettlement in other countries. Over the past 4 years, the camp's 6-member medical team has developed an effective primary health service that is clinic- rather than hospital-based and relies heavily on volunteers. This paper describes the roles of the various categories of volunteer within the service. (HC-L)

7022 **WHO, Geneva.** *Development of rural health teams; views of a WHO expert committee.* WHO Chronicle (Geneva), 33(11), Nov 1979, 407-414. Engl.

This paper presents extracts from a WHO report on the training and utilization of rural health teams. Some of the main recommendations cover definitions of the term "health auxiliary", composition of health teams, and student selection. The report discusses key aspects of training programmes and effective teaching methods that are relevant to local needs and promote self-reliance. The authors define five aspects of effective management of health teams, including a receptive framework, efficient organization, coordination of manpower development and health services, supervision, and communication. Evaluation is also an important part of developing training programmes. Finally, the committee recommends the establishment of national reference centres to monitor primary health care activities and teams. (FM)

7023 **WHO, Geneva.** *Health manpower news.* WHO Chronicle (Geneva), 32(6), Jun 1978, 233-241. Engl.

Also published in French, Russian, and Spanish. Health Manpower News contains information on meetings, courses, publications, appropriate technology, educational innovations, etc., of interest to those concerned with health manpower development in WHO member countries and to WHO health manpower development staff, particularly field staff. Subsequent issues are also to appear in the WHO Chronicle and news of bibliographical notes from readers are welcomed. (HC-L)

7024 **WHO, Geneva.** *Health manpower planning in the Americas.* WHO Chronicle (Geneva), 29(3), 1975, 85-90. Engl.

First Pan American Conference on Health Manpower Planning, Ottawa, Canada, 12-14 Sep 1973.

Also published in French, Russian, and Spanish. This paper summarizes three presentations on the "health field concept" (Canada), the rural strategy for the Americas, and problems in health manpower planning in Latin America, and the principal recommendations from a Pan American conference to promote and assist the development of health manpower planning programmes in member countries. (HC-L)

7025 **WHO, Geneva.** *Education and training in health statistics.* WHO Chronicle (Geneva), 26(9), 1972, 401-404. Engl.

Also published in French, Russian, and Spanish. Recognizing that training in health statistics has not kept pace with the growth of health services and their statistical requirements, WHO convened a consultation on education and training in health statistics. This paper summarizes the information relevant to the training of professional health statisticians, health statistics techniques, and health statistics clerks and to the training in statistics of physicians, nurses, and other health personnel. The original report of the consultation may be obtained from the Development of Health Statistical Services, World Health Organization, 1211 Geneva 27, Switzerland. (HC-L)

7026 **WHO, Geneva.** *Education and training of health workers.* WHO Chronicle (Geneva), 24(10), 1970, 439-485. Engl. Refs.

Also published in French, Russian, and Spanish. "It is not enough to increase the supply of health workers (in the developing countries)...it is necessary also to change the whole tradition of their education, which often seems counter to actual health requirements." This issue of the WHO Chronicle brings together articles on these topics: WHO activities during International Edu-

cation Year; education for the health professions; new approaches to medical teaching in Europe; the Congo Experiment (whereby medical assistants were upgraded to physicians in an intensive 3-year course); teacher training; the beginnings of the University Centre for Health Sciences, Yaoundé, Cameroon; medical education in Latin America; the supply of medical textbooks in Latin America; the WHO fellowship programme; modern teaching methodology; the social sciences in medical education; and some WHO publications on education. (HC-L)

II.2 Organization and Administration

See also: 7017, 7148, 7159, 7244, 7264, 7272, 7278, 7282, 7305, 7357, 7361.

7027 **Abbas, A.S.** *Health and nutrition aspect of the drought in Somalia.* Mogadisho, Somalia, Ministry of Health, Community Health Department, Nutrition Unit, 1978. 194p. Engl. Refs.

Written by the director of the Department of Community Health of the Somali Ministry of Health, the present monograph assesses the health and nutrition situation of this drought-stricken African country in the mid-1970s. The main areas covered include prevalent infectious and parasitic diseases, the drought, relief and resettlement operations, the structure of health services, nutrition survey, primary health care, and recommendations on the problem of energy-protein malnutrition. Annexes contain a proposed presidential decree, notes on the First National Food and Nutrition Conference in Somalia, amounts and types of external assistance, anthropometric measurement charts for infants and children to age 12 years, and references. (EB)

7028 **Abelin, T., Zehnder, E.** *Observations et réflexions sur la coopération au développement dans le domaine de la santé-lettre de Colombie. (Observations on cooperation in development with respect to public health-letter from Colombia).* Sozial und Präventivmedizin (Zurich, Switzerland), 24(2-3), 1979, 113-115. Fren.

The authors outline some experimental health care projects in Cali, Colombia. One such project involves the use of volunteer health visitors to collect information on the health status of a given population and to promote proper child care. Other research projects have developed equipment for use by rural health workers, arranged regular home visits by auxiliary hospital personnel, developed a service using well-trained auxiliaries to treat mentally-disturbed patients in their own homes, made recommendations for the reorganization of health institutions, studied the problems of malnutrition, and established a health education programme. At first largely supported by foreign aid, these projects are becoming increasingly state-funded. (FM)

7029 **Ahmed, M.Z.** *Basic Health Services Project, Pakistan (1977-85).* In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 204-209. Engl.

For complete document see entry 7077.

A new approach to basic health care is being implemented in Pakistan, based on the utilization of paramedics and auxiliaries under regular supervision by physicians in a more efficient management system. During the 8 years of the project, auxiliaries will be trained and enter an improved rural health system. Rural health centres will form the focal point for health care delivery, providing a referral centre for basic health workers. Priority objectives for the 1st 3 years include establishing a health worker training programme and an efficient support system. (FM)

7030 **Alausa, K.O., Segbetun, A.O.** *Microbiological laboratory health services in Nigeria; I: an ideal organisational structure and functions.* Nigerian Medical Journal (Lagos), 9(3), Mar 1979, 295-300. Engl.

Joint Annual Conference of Association of Pathologists of Nigeria, Nigerian Society for Immunology, and Nigerian Society for Haematology and Blood Tranfusion, Ibadan, Nigeria, 30 Mar-2 Apr 1977.

See also entry 7382.

The organization and functions of microbiological laboratory services in Nigeria and some other developing countries are outlined. The deficiencies in the services, especially in the provision of specific and reliable data for proper control of communicable and parasitic diseases, are identified and suggestions for improvement in the organization of laboratory services in Nigeria are made, taking into account the level of the country's social and health development. (Modified journal abstract)

7031 **Asante, R.O.** *Basic health services in Ghana: experiences to date and future directions.* Annales de la Société Belge de Médecine Tropicale (Brussels), 59, 1979, Suppl., 89-97. Engl.

After analyzing Ghana's health problems, the author discusses three models of health care delivery that have been used in that country. The basic health service pilot project, begun in 1967 in North Brong Afao district, provides a hierarchical form of services comprising a hospital, two health centres, and four rural health posts. The Danfa Comprehensive Rural Health and Family Planning Project and the Baridep approach (Kintampo Mark 1) are also described and some future directions considered. (DP-E)

7032 **Azinge, N.O.** *General physician and the general hospital in the management of psychiatric illness in a developing country.* Social Science and Medicine (Aberdeen, UK), 14A(4), Jul 1980, 303-310. Engl. 17 refs.

Of a total of 1 403 patients seen, 363 (26%) were diagnosed as mentally ill during this study of the incidence and presentation of psychiatric illness in a Nigerian general hospital. Case histories illustrate the types of problems that emerged, including those of teachers, stu-

dents, housewives, buisnessmen, aged parents, unmarried mothers, infertile women, etc. The management of different types of cases is discussed and statistical data are included. (DP-E)

7033 **Banerji, D.** *Place of the indigenous and the Western systems of medicine in the health services of India.* International Journal of Health Services (Westport, Conn.), 9(3), 1979, 511-519. Engl. 13 refs.
Ninth World Congress of Sociology, Session on Traditional and Modern Health Care Systems and Their Interrelationships, Uppsala, Sweden, Aug 1978.
The interrelationships between traditional and Western systems of medicine are a function of the interplay of social, economic, and political forces in the community. In India, Western medicine was used as a political weapon by the colonialists. The masses were denied access to this system and it (the Western system) contributed to the decay and degeneration of the indigenous system. This privileged-class orientation of the health services has been actively perpetuated and promoted in post-colonial India. The issue in formulating an alternative health care system for India is essentially that of rectifying the distortions that have been brought about by various forces. Corrective action that starts with the masses will lead to a more harmonious mix between the indigenous and Western systems of medicine. (Modified journal abstract)

7034 **Barrett-Connor, E.** *Preventive medicine and public health in the People's Republic of China.* Preventive Medicine (New York), 8(5), Sep 1979, 578-582. Engl.
Since 1949, the People's Republic of China, starting with a large, poor, and illiterate population, has recorded remarkable achievements in disease prevention and health maintenance. The author lists the steps taken to achieve these goals (including mass campaigns of health education, immunization, disease and pest eradication, and population control), suggesting that other countries can learn valuable lessons from China's experiences. Finally, she considers the health problems that China will face in the future. (DP-E)

7035 **Bergström, S.** *WHO and research.* World Health (Geneva), Apr 1980, 10-15. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.
Because researchers in the Western world are not interested in investigating many developing country health problems, WHO has set up two special research, development, and research training programmes, one in human reproduction in 1972 and one in tropical diseases in 1976 with UNDP and the World Bank. These programmes are briefly described and other WHO activities outlined. WHO also sponsors programmes to strengthen national research capabilities. (DP-E)

7036 **Berkeley, J.S.** *Primary medical care in Bhutan.* Journal of the Royal College of General Practitioners (London), 29(206), Sep 1979, 530-533. Engl.
A systematic study of planning primary medical services for Bhutan based on the needs of the community and current problems is described. The plan's major objective is the decentralization of the health services, which would be accomplished by establishing relatively independent health units staffed by a team of three persons and caring for about 10 000 people. The issues of staff training, organizational support, and evaluation are also considered. (DP-E)

7037 **Biener, K.** *Gesundheitswesen in Oman. (Public health system in Oman).* Öffentliche Gesundheitswesen (Stuttgart, Germany FR), 42(3), 1980, 144-146. German.
In the past decade, Oman has made great advances in economic, social, and cultural development. In this country of almost 1 million inhabitants, illiteracy is being eliminated thanks to improvements to educational facilities and programmes based on the British school system. With the present 14 modern hospitals, 131 general practitioners, and 71 specialists, most of whom are foreigners, the ministry of health is planning further expansion in the field of preventive medicine and dentistry, although the main emphasis is still on combating infectious diseases through mass immunization. Oman already enjoys abundant safe water supplies, numerous canals, oil, and improved agriculture; its favourable economic development will doubtlessly continue to bring about further improvements in the public health system. (EB)

7038 **Bukrich, N.** *Psychiatry in peninsula Malaysia.* Australian and New Zealand Journal of Psychiatry (Melbourne, Australia), 14(4), Dec 1980, 299-304. Engl. Refs.
Mental health personnel and facilities, clinical psychiatry, traditional medicine, and academic psychiatry in Malaysia are described. It is projected that it will be at least 10 years before the mental health manpower shortage is alleviated (at the time of this article, there were 19 psychiatrists in Malaysia) and it is suggested that medical students be encouraged to specialize in psychiatry. Recommendations are also made concerning available facilities and their utilization, the introduction of a home nursing service, and the incorporation of traditional practitioners into the system. (DP-E)

7039 **Coward, R.T.** *Planning community services for the rural elderly: implications from research.* Gerontologist (St. Louis, Mo.), 19(3), 1979, 275-282. Engl. Refs.
The significant demographic shift towards the non-metropolitan residence of the elderly in the USA combined with an increased awareness of the inadequate services available to the rural elderly has increased demand for service development in rural areas. The identification of effective strategies for delivering community services to the rural elderly will depend, in part, upon knowledge of the aging process in non-metropolitan areas. Five issues are presented that reflect the major implications

of the available research for the practitioner responsible for planning community services for the rural elderly. (Modified journal abstract)

7040 **Cuba, Ministerio de Salud Pública.** ***Atención médica primaria en Cuba. (Primary medical care in Cuba).*** Havana, Ministerio de Salud Pública, Centro Nacional de Información de Ciencias Médicas, 1978. 45p. Span.
Conferencia Internacional Sobre Atención Primaria de Salud, Alma-Ata, USSR, 6-12 Sep 1978.
This report briefly examines: the organization and administration of the Cuban health system; recent transformations in the health services, particularly the post-1974 model of primary health care (community medicine); community participation in the health services; reorientation of medical education in the light of community medicine; and a strategy for the further development of primary health care. The last chapter makes some suggestions for the extension of health care on a world-wide basis. (HC-L)

7041 **Daveloose, P.** ***Organisation de la zone rurale de santé de Kasongo, Zaïre. (Organization of the rural health zone of Kasongo, Zaire).*** Annales de la Société Belge de Médecine Tropicale (Brussels), 59, 1979, Suppl., 127-136. Fren.
The objectives of the Kasongo health project, Zaire, were to improve the organization and delivery of health services in the area. This paper examines four aspects of the methodology. Coverage of the population is assured by an inscription system and extended in an effective way. Care, provided by a health team, is organized to permit the integration of curative and preventive activities and the continuity of care for a patient according to his needs. Supervision and evaluation are considered potential methods of improving the function of the service. Community participation occurs through a decision-making body made up of members of the community. (Modified journal abstract)

7042 **Dactor, T.R.** ***Concept and model of primary health care through restructured health care delivery system (RHCDS) in the Philippines.*** In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 210-218. Engl.
For complete document see entry 7077.
After outlining the general health care delivery system in the Philippines, the author describes attempts to expand health services in rural areas through the construction of *barangay* health stations and the encouragement of community participation. He suggests a model primary care system that would be community-oriented and, in part, community-supported. Logistic and technical support as well as training for the health programme of each *barangay* would be provided by the municipality. The stages involved in establishing such a programme are outlined, followed by a list of statistical needs for planning, implementation, and evaluation. (FM)

7043 **Durjá, P.** ***Health care in Bhutan.*** In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 162-166. Engl.
For complete document see entry 7077.
After describing the geographical, demographic, and socioeconomic situation of Bhutan, the author outlines the organization of the country's health services, which are centered around nine zonal hospitals administered by zonal medical officers. Primary care is provided by basic health units (BHUs) staffed by a health assistant, auxiliary nurse-midwife, and basic health worker. Emphasis in the BHU is on health education, disease prevention, and contact with the people. National programmes administered by the Directorate of Health Services include a malaria eradication programme, tuberculosis control (emphasizing BCG vaccination from birth to 30 years of age), school health programmes (emphasizing nutrition and health education and early diagnosis of prevalent communicable diseases), a family planning programme, and leprosy control. (FM)

7044 **Dungy, C.I.** ***Basic health services in Nigeria: models for primary care in America.*** Journal of the National Medical Association (New York), 71(7), 1979, 693-695. Engl. 17 refs.
The basic problems in the delivery of health care in the USA and in Nigeria are similar; the major differences are in magnitude. Nigeria's Basic Health Services Scheme, now being implemented, is a bold effort to make quality health care accessible to the entire population. American health planners should look to such developing countries for concepts adaptable to their own health care delivery system. In developing primary care programmes in particular, they should consider three basic components of the Nigerian scheme: delegation of appropriate responsibilities to non-physician health providers in order to augment physician manpower in underserved areas; location of training centres in environments similar to those where the trainee will serve; and use of home-based care records to increase patient participation in health care. (Modified journal abstract)

7045 **Eaton, W.W., Lanry, J.C., Sigal, J.** ***Ethnic relations and community mental health among Israeli Jews.*** Israel Annals of Psychiatry (Jerusalem), 17(2), Jun 1979, 165-174. Engl. 44 refs.
Low self-esteem, increment in life stresses, lessened resources to deal with crisis situations, and hostility are well-documented psychological consequences of ethnic inequality. Less documented but potentially more important is the relationship of ethnic inequality to mental disorders. Sephardim in Israel are clearly disadvantaged when compared to the dominant Ashkenazi population. Two approaches to change the present situation are discussed: eliminating the structural and economic basis of inequality, a conventional approach, or trading the "melting pot" ethnic policy for a pluralistic or "mosaic" policy, where ethnic group identity is preserved and enhanced. (Modified journal abstract)

7046 **Fiallo Sanz, A., Figueredo Dandaguez, A.** ***Aspectos más significativos de la historia de la salud mental en Jamaica. (Salient aspects of mental health history in Jamaica).*** Revista Cubana de Administración de Salud (Havana), 6(3), Jul-Sep 1980, 277-281. Span.

This paper briefly traces the history of mental health services in Jamaica from colonial times (Spanish and later British) up to the present. (HC-L)

7047 **Golladay, F.L., Liese, B.** ***Health problems and policies in the developing countries.*** Washington, D.C., World Bank, World Bank Staff Working Paper No. 412, Aug 1980. 53p. Engl. Refs.

Providing background information for the 3rd World Development Report, this paper discusses the major health issues that are expected to dominate the next 20 years. A survey of health resources in developing countries is followed by an outline of recent trends in health conditions, including the effects of urbanization, socioeconomic development, and disease control measures on life expectancy and morbidity. The final sections focus on developing effective primary care systems to improve access to health services and increase reliance on local resources and community participation. Organizational and administrative problems are discussed, as well as methods of financing health systems. (FM)

7048 **Gonoshasthaya Kendra, Savar, Bangladesh.** ***Progress report no. 7.*** New York, American Council of Voluntary Agencies for Foreign Service, Technical Assistance Information Clearing House, Aug 1980. 29p. Engl. 13 refs.

Unpublished document.

Gonoshasthaya Kendra is a non-governmental voluntary organization dedicated to the promotion of rural health and community development in Bangladesh. In compelling narrative style, this report reviews the progress of the organization in the areas of health services, health personnel training, water supply and sanitation, education, women's liberation, agricultural extension, industrial development, pharmaceutical production, and publications while drawing attention to the enormous problems of a political and social nature to be overcome in the realization of such endeavours. (HC-L)

7049 **Hall, W.T., Young, C.L.** University of Pittsburgh, Graduate School of Public Health, Dept. of Health Services Administration, Public Health Social Work Program, Pittsburgh, Pa. ***Proceedings: new concepts in human services for the developing young child.*** Pittsburgh, Pa., University of Pittsburgh, 1978. 136p. Engl. Refs.

Institute on New Concepts in Human Services for the Developing Young Child, Pittsburgh, Pa., 2-6 Apr 1978.

The papers presented at this 1978 institute examine recent trends affecting maternal child health services, including: increased scientific knowledge of the physical, psychological, and social development of the infant and young child; social changes in family life such as the increase in numbers of single parent families, adolescent parents, and working mothers; and changing patterns of health care delivery such as aggressive therapeutic interventions and family-centered maternity care. In addition to the texts of these papers, the proceedings contain the institute agenda and lists of the participants and planning committee. (RMB)

7050 **Havinson, P.** ***Cuba's health care revolution.*** World Health (Geneva), Dec 1980, 2-7. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

Despite the fact that half of Cuba's doctors emigrated after the revolution, by 1979 the supply of physicians had reached 15 000 (one for every 674 people) thanks to an intensive training effort, and the country's health system consequently has always been physician-based. In 1976, a new type of community medicine was introduced and by 1980 extended to some 65% of Cuba's polyclinics. Polyclinic organization is described. The 3rd factor contributing to the success of Cuba's system is an unparalleled level of popular participation in health, due mainly to the efforts of the Committees for the Defense of the Revolution and the Federation of Cuban Women. (DP-E)

7051 **Hasan, K.Z.** ***Child mental health in primary health care.*** Assignment Children (Geneva), (47/48), Autumn 1979, 91-101. Engl.

Mental health services for children in the developing countries are practically non-existent, despite the fact that from 5%-15% of all children aged 3-15 years are affected by socially handicapping mental conditions. This paper advocates the adoption of simple preventive, diagnostic, and treatment measures that can be undertaken at the community level by non-professional personnel after a brief period of training. Examples of such measures as they relate to mental retardation, epilepsy, learning defects, behaviour disorders, nocturnal enuresis, and psychosomatic illness are given in the annex. (HC-L)

7052 **Hernández Prada, A.** ***Basic hospital: its role in programs for extending health service coverage.*** Bulletin of the Pan American Health Organization (Washington, D.C.), 13(4), 1979, 335-341. Engl. 18 refs.

Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana.*

The basic hospital occupies a key position in a stratified system of health care. As the initial link in the health services chain, it must be well-equipped to deal with preventive health and diagnostic problems as well as to provide certain types of treatment. It also acts as a referral centre for higher levels of care. To ensure universal accessibility, the basic hospital must be aware of and adapted to the local geographic, cultural, and economic situation. It should also contribute to the general process of regionalization by developing educational, research, and teaching programmes in and around the community it serves. (FM)

7053 **Ichimura, K., Petersson, P.O.** *New trends and approaches in the delivery of maternal and child care in health services.* Paediatrician (Basel, Switzerland), 9(1), 1980, 4-23. Engl.
First International Symposium of the International College of Pediatrics, Espoo, Finland, 18-22 Jun 1978.
Current trends and WHO-approved approaches to the delivery of maternal child health (MCH) services are described. Topics covered include health status and indicators (mortality and morbidity), social and environmental changes, priorities in the aims of MCH services, service aspects of MCH care delivery, intersectoral cooperation, and health manpower development. Research needs are outlined and 14 recommendations given. Statistical data are included. (DP-E)

7054 **Jegdish, V.** *Primary health care in rural India.* Tropical Doctor (London), 10(1), Jan 1980, 38-41. Engl. Refs.
Following a historical review of the development of primary health care in rural India, the author examines problems hindering the effective operation of existing primary health centres (PHCs). Lack of coordination between district hospitals and PHCs, within the centres themselves, and between the centres and the community is a major problem that can only be overcome by better utilization of resources and more effective management. Changes must take place in the training of physicians to increase motivation to serve in rural areas. Increased use of trained auxiliaries, as well as village volunteers and traditional practitioners, will also help improve the provision of basic services to rural areas. (FM)

7055 **Jamison, M.F.** *Organisation appropriée des services de santé primaires; chausser les médecins aux pieds nus ou jouer avec leurs pieds? (Appropriate organization of primary health services; give shoes to barefoot doctors or play with their feet?)* Médecine d'Afrique Noire (Paris), 27(6), Jun 1980, 545-550. Fren. 28 refs.
The author discusses the role of barefoot doctors and implications for more relevant health services organization. Research shows that fixed health units staffed by workers within the community are more accessible and acceptable to local populations than mobile units. Health planning must also emphasize specific objectives chosen by the community; such an approach will have an overall effect on health status. Communities must participate in the administration of primary care services, which should eventually become self-financing. Some sort of centralized infrastructure is needed to oversee the supervision, administration, and financing of primary care services and workers, but ultimately it is up to individual communities to choose the type of system and auxiliary health worker best suited to their particular needs. (FM)

7056 **Jamison, M.F.** *Rational organization of primary health services.* In Wood, C., Rue, Y., eds., Health Policies in Developing Countries, London, Royal Society of Medicine, International Congress and Symposium Series, No. 24, 1980, 11-17. Engl. Refs.
For complete document see entry 7244.
In view of the lack of an efficient distribution network of health services, research on the rational organization of such a network has been carried out in a rural environment (Zaire, 1969-1974) and in an urban environment (Senegal, 1975-1979). The following conditions appear necessary to provide the maximum number of individuals with a basic minimum health service that is accessible and acceptable: joint financing of activities by a system of contractual financial participation (primary health service); local administration of the available material and human resources, the power of decision being retained by communities represented on the health committees; improvement in the status of medical personnel; standardization of curative and preventive medical techniques; and continuous supervision in direct collaboration with non-professional health workers. (Modified journal abstract)

7057 **Jansen, E.** *Prosthetics and orthotics in Latin America.* Prosthetics and Orthotics International (Glasgow), 3(3), 1979, 155-156. Engl.
Three different types of rehabilitation services in Latin America are briefly described: private, sometimes foreign, services for the financially independent; state-supported institutions for middle-class patients with some form of health insurance; and state rehabilitation centres for low-income or indigent patients. The special problems of this last group are discussed. Because state rehabilitation services are presently (somewhat inefficiently) managed by psychiatrists, the author stresses the need for further training and recognition of professional prosthetists. (DP-E)

7058 **Kim, K.H.** *Community Health Demonstration Project (CHDP).* In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 186-192. Engl.
For complete document see entry 7077.
A low-cost health care programme for rural areas of Korea was begun in 1977 with a pilot project in Hongchon Gun. Health services were reorganized around a 3-tier referral system. A village health agent is responsible for the 1st level and serves a population of 500-1 000 from a village health post. The 2nd level involves a community health practitioner serving 3 000-5 000 people from a primary health unit. The 3rd level of care is provided by a community physician based in a community health centre serving 10 000-15 000. Health committees were organized to promote community participation and three cooperatives were formed to provide financial support. (FM)

7059 **Korea Health Development Institute, Seoul.** *KHDI report, 1978-1979.* Seoul, Korea Health Development Institute, 1978-1979. 129p. Engl.
From 1976-1977, the Korea Health Development Insti-

tute initiated a pilot project in primary health care delivery in three rural counties with a combined population of 300 000. The project involved the training of various auxiliary health workers (whose curricula and job descriptions are included), the establishment of a three-tiered referral system, and the development of a community-based health insurance scheme. This report provides background information on the Institute and describes its activities in the areas of research and evaluation, training, information, and the sponsoring of workshops and seminars. (HC-L)

7060 **Krogstad, D.J.** *Medicine in Malawi.* Annals of Internal Medicine (Philadelphia, Pa.), 92(6), Jun 1980, 861-864. Engl.

A US doctor describes his experiences practicing medicine in Malawi from 1973-1975, covering such aspects as the organization of the health services, including the largest urban hospital and outpatient clinics, and the types of health problems commonly encountered. The author recommends that the avilable resources of all developing countries be devoted to suitable preventive and public health programmes rather than to expensive Western treatments and facilities. (DP-E)

7061 **Kum, E., Uyar, G.** *Child health and health and nursing services for children in Turkey.* International Nursing Review (Geneva), 26(5), Sep-Oct 1979, 147-149. Engl. 8 refs.

The major problems affecting child health in Turkey are described. In 1963, the socialization of Turkey's health services was undertaken with the ultimate goal of bringing essential health services to the entire population by the end of 1982. As part of this programme, all drugs and emergency treatment are provided free of charge. Primary care is to be provided at the "health house", where an auxiliary midwife supervises the health care of 2 500 people, referring peticnts as necessary to the "health station", where a team composed of a physician, a nurse, a midwife, and support personnel will serve a population of 10 000. The training of the auxiliary nurses and midwives who will participate in this programme is described. (DP-E)

7062 **Malcolm, L.A.** *Health care system.* In Hetzel, B.S., ed., Basic Health Care in Developing Countries; an Epidemiological Perspective, Oxford, UK, Oxford University Press, 1978, 38-62. Engl.

The structure of the health care system in Papua New Guinea is based on the skill pyramid of personnel serving each district. Individuals and families providing self-care form the base of the triangle, followed by the village health aide, responsible for health care in one village. Higher levels include: the aid post orderly, responsible for a group of villages; nurses or health extension officers, who provide intermediate care at health centres; and doctors, who provide specialized skills in district hospitals. The training of each category of health worker is discussed. Examination of health resources allocation shows an inevitable distribution in favour of urban centres. Implementation of recent budget proposals would correct this imbalance. Another important aspect of proposed improvements is the encouragement of community participation in health services planning. (FM)

7063 **Martin, S.** *PHC in the South Seas.* World Health (Geneva), Jan 1980, 22-25. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

Since 1977, village committees have been established in the islands of the South Pacific to promote primary health care. Self-generating and self-financing, village level health care committees are run primarily by women. Improvements are brought about by active community participation and cooperation with health personnel. Village health aides are being accepted by a society that still retains a strong belief in traditional medicine. (FM)

7064 **Matos, P., García Reinoso, J., Mendoza, H.R.** *Programa de salud escolar. (School health programme).* Archivos Dominicanos de Pediatría (Santo Domingo), 14(3), Sep-Dec 1978, 189-198. Span. 12 refs.

This paper traces the history of school health services in the Dominican Republic and outlines the aims, objectives, organization, and methods of a proposed school health programme involving medical examination, referral, epidemiological surveillance, health education, technical support, and an evaluation component. (HC-L)

7065 **Morley, D.C.** *Mother and child health in the 1980s.* In Wood, C., Rue, Y., eds., Health Policies in Developing Countries, London, Royal Society of Medicine, International Congress and Symposium Series, No. 24, 1980, 19-23. Engl.
For complete document see entry 7244.

During the last decade planners in developing countries have come to realize that existing medical schools and universities can play only a limited part in providing primary health care through their training programmes. To achieve comprehensive primary health care for all by the year 2000 an explosion of new services will be required. For those seeking this, two new approaches are suggested: first, the development of appropriate distance teaching programmes for primary health teams in rural areas and, second, the development and extension of nets of information through which new ideas can be disseminated. (Modified journal abstract)

7066 **Mouton, P., Velvis, M.** *Employment injury prevention and compensation in Africa: problems and gaps.* International Labour Review (Geneva), 118(4), Jul-Aug 1979, 473-486. Engl. 20 refs.

Virtually all African countries have enacted laws governing employment injury compensation, but the legislation is generally incomplete and seldom enforced. With emphasis on occupational diseases and prevention, this paper discusses some legislative and administrative changes that might improve the situation-for example, involving social security institutions in the promotion, supervision, and financing of employers' preventive efforts. (HC-L)

7067 **Muynck, A. de** *CENETROP: a joint Belgian-Bolivian medical development project in Santa Cruz, Bolivia.* Annales de la Société Belge de Médecine Tropicale (Brussels), 59(3), 1979, 325-327. Engl.

The author reports on the accomplishments of CENETROP during its 1st 5 years. The main building has been constructed and three major tropical diseases-Chagas' disease, South American leishmaniasis, and leprosy-have been selected as the institute's 1st priorities. The centre also provides practical training for laboratory auxiliaries, recently graduated doctors, and students of medicine and clinical chemistry. CENETROP operates its own outpatient clinic for tropical diseases and recently instigated biomedical research activities. Future planning includes extending local control programmes and training Bolivian personnel to assume full responsibility for the operation of the centre. (FM)

7068 **Negrel, A.D., Chevet, M.** *Ophthalmologie sous les tropiques. (Ophthalmology in the tropics).* Médecine d'Afrique Noire (Paris), 27(6), Jun 1980, 525-529. Fren.

The authors discuss the particular features and problems relating to ophthalmology in tropical Africa. Non-medical factors affecting tropical eye diseases include geographic and climatic conditions, transportation difficulties, hygiene, diet, peculiarities of rural psychology, and lack of properly equipped treatment centres. It is suggested that an analysis of the non-medical causes of tropical eye diseases could form the basis of an improved, long-term control programme. To be effective, such a programme must be mobile, adapted to local conditions, and compatible with available financial resources. It should emphasize the training of qualified medical personnel and develop a basic health education programme for the population. (FM)

7069 **Niebsch, G., Benedorf, U., Müller, D.** *Prinzipien der gesundheitlichen Betreuung der Kinder und Jugendlichen in Kuba. (Principles of health care of children and young people in Cuba).* Zeitschrift für die gesamte Hygiene (Berlin, Germany FR), 25(6), Jun 1979, 492-493. German.

Cuba, with its population of 9 million, 36.4% of whom are children aged less than 15 years, has, since the 1959 revolution, wiped out illiteracy, greatly improved health protection for women and children, and reduced the incidence of infectious diseases and infant and maternal mortality. Discrepancies in health care between city and rural areas have been eliminated; after finishing their medical studies, all doctors must spend 3 years in rural areas. Regular visits to child clinics are arranged to the age of 5 years; hygiene instructions are started in kindergarten. Social organizations, radio, and television provide health care information and counselling. Doctors urge mothers to be present to care for their sick children in hospitals and instruct them on medical aspects. In this regard, Cuba should stand as an example to other developing countries. (EB)

7070 **Ouni, . . .** *Progress report of malaria eradication pro[illegible]me Iraq-1977.* Bulletin of Endemic Diseases [illegible]ghdad), 19(1/4), Nov 1978, 15-27. Engl.
Malaria Coordination Border Meeting, Kabul, Afghanistan, 18-20 Apr 1978.
See also entry 7115.

The organization of Iraq's malaria eradication programme is reviewed. Operational activities comprised spraying, surveillance, and antilarval measures. An epidemiological evaluation indicated that transmission had been interrupted in several areas. Entomological activities, malaria epidemiology in border areas, and laboratory, drug administration, and training facets of the programme are also briefly described. Statistical data are included. (DP-E)

7071 **Pakshong, D.L.** *Prevention of disease in childhood.* Nursing Journal of Singapore (Singapore), 19(2), Dec 1979, 61-66. Engl.

Singapore's maternal child health programmes provide antenatal care, obstetric and postpartum supervision, newborn care and home visiting, family planning, immunization, nutrition, development assessment, and health education services. Each of these activities is briefly described; in conjunction, they have led to one of the lowest infant and child death rates in the world. (DP-E)

7072 **Pearce, T.O.** *Political and economic changes in Nigeria and the organisation of medical care.* Social Science and Medicine (Aberdeen, UK), 14B(2), May 1980, 91-98. Engl. 89 refs.

The effect of economic and political changes on the development of Nigeria's health care system is examined and the history of the country's health services traced through the precolonial, colonial, and postcolonial periods. Economic policies such as those affecting migration continue to impede health care delivery in Nigeria. (DP-E)

7073 **Pérez Guthérrez, L.** *Sistema Nacional de Salud de la República Popular de Angola. (National health system of the People's Republic of Angola).* Revista Cubana de Administración de Salud (Havana), 6(3), Jul-Sep 1980, 283-289. Span.

This paper describes the health policies of the People's Republic of Angola, the place of the ministry of health within the country's politico-administrative organization, the structure of the national health system, and the structure of the ministry of health. Organizational diagrams of the last two are included. (HC-L)

7074 **Renzi, M.A., Celi, P., Di Baldassarre, F., Orsini, V., Stroglio, C.** *Epidemiologia sul campo: metodologia e risultati di una operazione di sorveglianza e di controllo delle malattie infettive tra la popolazione terremotata del Friuli. (Field epidemiology: methods and results of surveillance and control of infectious diseases among the population affected by the earthquake in Friuli).*

Giornale di Malattie Infettive e Parassitarie (Milan, Italy), 31(1), 1979, 60-63. Ital.

This paper describes the organization of a surveillance programme for salmonella and *Neisseria meningitidis* in a population of 100 000 evacuated from zones affected by the earthquake in Friuli, Italy, in 1976. The programme focused on case-finding and treatment within the most vulnerable age group (0-15 years) and on the identification of sources of contagion. (HC-L)

7075 **Sanitorius, N.** *Strategies for mental health care in Africa.* Trends in Neurosciences (Amsterdam), 3(3), Mar 1980, 1-2. Engl.

Rapid industrialization and urban growth have made the governments of many African countries more aware of mental health problems and the lack of proper local medical facilities. In a programme in Senegal, nurses and social workers are trained to identify, diagnose, and treat individuals with mental disorders. Using this new strategy of integrating mental health into health and other social services, a WHO-coordinated Programme of Technical Cooperation among Developing Countries, spearheaded by six African countries, allows its member-groups to make proposals regarding mental health facilities and ensure coordination and collaboration. The experience and knowledge of this venture can be used in other parts of the developing world, with WHO serving as a platform to facilitate technical cooperation to bring about speedy resolutions of socially relevant health problems. (EB)

7076 **Sein, U.T.** *Primary health care and basic health services project: Burma.* In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 167-171. Engl.

For complete document see entry 7077.

After outlining the present situation of health services in Burma and its main health problems, the author describes a primary health care project designed to extend health services to underserved rural areas. Beginning with 15 townships in 1977, it is estimated that 50% of the total population will be covered by 1981-1982. Community health workers are selected by the villagers themselves, trained by the health department, supported by their community, and supervised by local health staff. The Minstry of Health will provide leadership to ensure coordination among various levels of government and voluntary organizations. Decentralization of responsibility to the townships will occur in the areas of administration, financing, and training. (FM)

7077 **Sepúlveda, C., Mehta, N.** UN, Asian and Pacific Development Institute, Bangkok. UNICEF, East Asia and Pakistan Regional Office. *Community and health; an inquiry into primary health care in Asia.* Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980. 230p. Engl.

Separate chapters are abstracted in entries 7029, 7042, 7043, 7058, 7076, 7078, 7084, 7111, 7120, 7356, 7357, and 7360.

Based on UNICEF field studies and the experience of UNAPDI at the Alma-Ata Conference, the authors attempt to introduce new concepts into the development of community health and primary health care in developing countries. The Jana project in Thailand is presented with detailed reports of field studies made in six villages with a perspective analysis for the Jana district, followed by case studies of health projects conducted in 12 countries: primary health care in Afghanistan, health care in Bhutan, primary health care and basic health services project in Burma, etc. An annex briefly outlines the goals of the Alma-Ata Conference. Statistical data are included. (AF)

7078 **Shrestha, S.K.** *Integrated basic health services in the district of Bara Narayani zone, Nepal.* In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 198-203. Engl.

For complete document see entry 7077.

In 1971, a pilot project was initiated in the Bara district of Nepal to provide integrated basic health services to the population. A total of 11 health posts were opened in rural areas, headed by health assistants and staffed by 10 auxiliary health workers of various types. The district hospital acts as a referral institution. The various stages of planning and implementing the programme are described and results of the final review are discussed. Duplication of resources and activities has been avoided as a result of the integration of services under one administration and provision of health care to the entire community has been largely achieved. (FM)

7079 **Suárez, J.** *Colombia: International Year of the Child.* International Nursing Review (Geneva), 26(6), Nov-Dec 1979, 174-175. Engl.

Translated from the Spanish original.

The objectives of Colombia's maternal child health programme include family planning, health education, care during pregnancy and childbirth, prevention and curative medicine, and the training of rural health promoters. Some of the accomplishments of this programme from 1974-1977 are briefly outlined and the role of the nurse is stressed. (DP-E)

7080 **Tajeldin, H., Muchlis, G.M.** *Rehabilitationsdienste im Irak. (Rehabilitation services in Iraq).* Zeitschrift für die gesamte Hygiene (Berlin, Germany FR), 25(9), Sep 1979, 698-700. German.

The various institutions responsible for rehabilitative services in Iraq are briefly described. All these services are government-administered and free to all Iraqi citizens. (DP-E)

7081 **Tejada Cano, M.** *From the child to community participation; lessons from two Peruvian experiences.* Assignment Children (Geneva), (47/48), Autumn 1979, 143-164. Engl.

This paper describes two child welfare projects, one in urban and one in rural Peru, that evolved into community development projects and, on the basis of these experiences, outlines some guidelines for setting up viable services for children. Emphasis is on the development of the self-management capabilities of the community served and on minimal dependence on outside aid. (HC-L)

7082 **Thailand, Ministry of Public Health.** ***Lampang health development project; a Thai primary health care approach.*** Bangkok, Ministry of Health, 1978. 41p. Engl.

Separate sections of this project report discuss the Thai villagers' preference for self-care or traditional medicine, the health problems and facilities of the Lampang area, the project's primary care approach, and its evaluation. The goals and strategies of the project are outlined and the roles of its three categories of community health volunteers (health post volunteers, health communicators, and traditional birth attendants) are described, as well as the development of the *wechakorn*, or community health paraphysician. Health services organization and the involvement of the private sector are briefly examined. (RMB)

7083 **Tirol, V.G.** ***Health net that covers nearly everyone-in the village and in the city.*** Initiatives in Population (Manila), 4(3), Sep 1978, 18-21. Engl.

The health net is the organization of county-based health services that covers the rural population of the People's Republic of China. Each county has at least one hospital, mother and child care centres, health stations, and commune-level facilities, with factory-level equivalents in the cities. The referral mechanism, continuing education for health workers at all levels, and efforts to combine Western and traditional medicine are also discussed. (DP-E)

7084 **Tuan, N.M.** ***Some experiences concerning the organization, function, activities and impact of primary health care services in Viet Nam.*** In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 221-227. Engl.

For complete document see entry 7077.

Various aspects of Vietnam's village health services network are examined. These include: the organization of a village health service; the selection of personnel; the functions and activities of a village health centre, brigade nurse, and family sanitarians or household Red Cross members; and the participation of the community in primary health care. Twelve conclusions are presented and statistical data are included. (DP-E)

7085 **Venzon, L.M.** ***Nursing service administration.*** Newsette (Manila), 18(1), Jan-Mar 1978, 3-10. Engl.

After discussing the philosophies, goals, and objectives of nursing services in the Philippines, the author examines emerging roles in nursing and other services. Recent trends in patient care include discharge planning, interfacility referral systems, and organized home-care and after-care services; tools for administering nursing services and continuing education programmes are also described. (DP-E)

7086 **Vis, H.L.** ***Organization of hospitals in the developing countries; the health requirements.*** In Wood, C., Rue, Y., eds., Health Policies in Developing Countries, London, Royal Society of Medicine, International Congress and Symposium Series, No. 24, 1980, 25-30. Engl.

For complete document see entry 7244.

Recommendations for constructing and running hospitals in developing countries, particularly rural Africa, are presented. The author examines the operation of the rural hospital within the health care system, its role in terms of health evaluation and the provision of health services, and the part that could be played by outside cooperation. Statistical data are included. (DP-E)

7087 **Wegman, M.E.** ***International research: the People's Republic of China.*** American Journal of Public Health (New York), 70(1), Jan 1980, 9-11. Engl.

Recent agreements between the USA and the People's Republic of China have improved scientific and medical exchanges between the two countries. The Committee on Scholarly Communication has expanded its exchange programme and now supports senior American scholars, younger research workers, and advanced students for periods ranging from 3 months-1 year. Participants are presently engaged in various research projects in institutions throughout China. In addition, an intergovernmental protocol, signed in 1979, covers a wide range of scientific cooperation, including coordination of research projects, joint organization of conferences, and exchange of material for laboratory tests. (FM)

7088 **Western, K.A.** ***Organization and administration of communicable disease control programs in developing countries.*** Bulletin of the Pan American Health Organization (Washington, D.C.), 14(1), 1980, 65-76. Engl.

Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana*, 1980.

The author first examines the history of communicable disease control programmes in developing countries and the increasing disenchantment with single-disease eradication projects. Current policies stress the need for integration of disease control into an overall programme of socioeconomic and health development, even though there is little evidence that effective control of communicable diseases is achieved within an integrated programme; to date, communicable disease experts have had little input into the primary health schemes of many countries. The author suggests ways in which they can increase their involvement to achieve a more effective integration of individual programmes and ensure that disease control services are an integral part of the primary care infrastructure. (FM)

7089 **WHO, Diarrhoeal Disease Control Programme, Geneva.** ***Diarrhoeal diseases control/Lutte contre les maladies diarrhéiques.*** Geneva, WHO, 1982. 14p. Engl., Fren.

This colourful bilingual brochure, prepared by WHO, briefly describes its diarrheal diseases control programme. There are many photographs and drawings, plus a world map showing the distribution of infant mortality due to all causes, 25% of which is attributed to diarrheal diseases. (DVK)

7090 **WHO, Geneva.** ***Integration of nutrition and family planning into primary health care.*** WHO Chronicle (Geneva), 34(2), Feb 1980, 77. Engl.

A seminar on nutrition and family planning was organized by WHO to promote the integration of family planning, maternal child health, and nutrition at the primary health care level. To successfully integrate these activities, changes are required to existing health structures and training programmes for health workers. Training should be done locally, based on simple, practical methods. All levels of health workers should be taught the importance of the integrated approach, beginning with the trainers themselves. There is also a need for proper referral systems to support primary health care. (FM)

7091 **WHO, Geneva.** ***Traditional medicine—views from the South-East Asia region.*** WHO Chronicle (Geneva), 31(2), 1977, 47-52. Engl.

Also published in French, Russian, and Spanish.

Practitioners of scientific medicine have always tended to avoid contact with healers. WHO, aware of the complete impossibility of providing enough physicians trained in scientific medicine to care for the world's population, has adopted the revolutionary approach of exploring ways in which scientific medicine and traditional systems of medicine can work together to solve the world's problems. This article contains four items on this important topic from the Southeast Asia region of WHO. (Modified journal abstract)

7092 **WHO, Geneva.** ***WHO expert committee.*** Geneva, WHO, WHO Technical Report Series No. 613, 1977. 71p. Engl.

Part 1 of this WHO report on mental health services for children examines the current situation, including population characteristics and secular trends, epidemiology and developmental features, and patterns of existing services. Part 2 explores possibilities for action, outlining principles for intervention, preventive measures, treatment measures, research implications and priorities, services provision and personnel development, and planning and coordination efforts. Recommendations are contained in part 3. (DP-E)

7093 **Xie, Z., Yan, H., Wang, C.** ***Mental health work in Shanghai.*** Chinese Medical Journal (Peking), 93(2), Feb 1980, 127-129. Engl.

From 1972-1973, a general survey of 4 million inhabitants was made in Shanghai (People's Republic of China) to ascertain the prevalence of mental disease. It was found that the average prevalence rate of mental disorder was 7.28%: 7.86% in the urban districts and 6.67% in the rural area. A three-level scheme of organization for classifying and treating mental diseases has been established and shows encouraging results. (Modified journal abstract)

II.3 Planning

See also: 7047, 7192, 7337, 7415, 7468.

7094 **Acuña, H.R.** ***New directions for health care in the Americas.*** Bulletin of the Pan American Health Organization (Washington, D.C.), 14(1), 1980, 1-5. Engl.

The author discusses various new approaches to public health care problems in developing countries and examines the role of the Pan American Health Organization in their implementation. After briefly outlining the history of PAHO, he underlines the importance of developing new national health policies. He discusses such strategies as the integration of health with other aspects of community development and emphasizes the importance of community participation in identifying and solving local problems and generating community health programmes. The role of appropriate technology and technical cooperation is also important in improving health services. PAHO is active in exploring all these avenues. (FM)

7095 **Barnes, D.E.** ***Oral health status of children: an international perspective.*** Canadian Dental Association Journal (Ottawa), 45(12), 1979, 651-658. Engl.

International data on the prevalence of periodontal disease and dental caries are presented and discussed. Strategies for improving dental health status on a worldwide basis include the development of efficient epidemiological measurement methods, the encouragement of preventive programmes, and integrated national planning covering such aspects as health education and dental manpower training. (DP-E)

7096 **Battersby, A.** ***Planning basic health services in Nigeria.*** Disasters (Oxford, UK), 3(2), 1979, 179-183. Engl. 11 refs.

Some of the problems facing Nigeria's Basic Health Services (BHS) programme and possible solutions within existing financial constraints are considered. The Gardika rural health project serves as a case study. This project demonstrates a number of concepts that could well be applied to problems of cost, appropriateness, resources, and management in other parts of the country, principally that: local autonomy does work; self-financed systems can function; when health workers can work in their own villages, they will not migrate to the city; reasonable drug costs can be borne by the city; health workers who have a clear understanding of their roles can successfully screen and refer patients; and familiar teaching methods should be used. (DP-E)

7097 **Bradley, D.J.** ***Epidemiology of schistosomiasis—some issues for health policy of developing***

countries. In Wood, C., Rue, Y., eds., Health Policies in Developing Countries, London, Royal Society of Medicine, International Congress and Symposium Series, No. 24, 1980, 135-139. Engl. For complete document see entry 7244.

This paper considers some recent epidemiological advances related to difficult policy issues. Frequently these cannot be solved, but data can now be collected that will aid their solution. Two major research areas with epidemiological implications have shown marked progress in the last few years: chemotherapy and human behaviour. Both influence the four issues examined here: the implications of improved chemotherapy for control, what to do in the late stages of successful control, preventive policy in relation to water developments, and the organization of community-based control in relation to primary health care services. (Modified journal abstract)

7098 **Cardenas, M.** *Rural water supply and sanitation education in Paraguay*. Assignment Children (Geneva), (45/46), Spring 1979, 109-120. Engl. Meeting of Temporary Consultants on the Study of Water Supply and Sanitation Components of Primary Health Care for the UNICEF/WHO Joint Committee on Health Policy, Geneva, Switzerland, 20-27 Jun. 1978.

A step-by-step outline of the methodology followed by Panama's National Service of Environmental Sanitation to establish village water supplies in conjunction with community leaders is presented. The five steps include a visit to the community by project staff, community surveys, creation of an operational infrastructure, promotion of the project by the village's elected water board, and the implementation of the programme. Sanitation education activities that can be simultaneously carried out are also described. Conclusions drawn from past experiences are listed. (DP-E)

7099 **Cepeda, L.B.** *Hospital nursing service*. Newsette (Manila), 18(2), Apr-Jun 1978, 16-22. Engl.

A Philippine nurse discusses the role of nursing services under present-day conditions such as specialization and as part of restructured health systems that provide care on primary, secondary, and tertiary levels. She recommends a planning strategy for nursing services that relies on the use of a conceptual approach, decentralization, a multidisciplinary approach, and a policy-making mechanism that enhances interdisciplinary relations, contacts with training schools, and referral systems. (DP-E)

7100 **Chambers, R., Longhurst, R., Bradley, D.J., Feachem, R.** *Seasonal dimensions to rural poverty: analysis and practical implications*. Journal of Tropical Medicine and Hygiene (London), 82(8), Aug 1979, 156-172. Engl.
Conference on Seasonal Dimensions to Rural Poverty, Brighton, UK, 1978.

This paper summarizes the findings of a conference on the seasonal implications of rural poverty. Case studies from Gambia, Nigeria, Mali, Kenya, Tanzania, India, and Bangladesh were presented, along with papers on such topics as climate, tropical diseases, and rural economy. The implications of seasonal analysis for rural planning include: identifying seasonal linkages between food supply and prices; giving priority to controlling diseases such as diarrhea and malaria, which coincide with seasonal food shortages and peak agricultural activity; organizing child care when women are most busy; improving food storage; encouraging projects that provide employment throughout the year; and ensuring adequate local food supplies to prevent seasonally high prices. (FM)

7101 **Chua, W.K.** *Industrial development and health in Malaysia*. Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 10(4), Dec 1979, 650-655. Engl. 9 refs.

Industrial development in Malaysia is discussed in relation to its impact on health. Recent trends are evaluated and the findings of some studies are reviewed. Rural urban migration and its attendant problems of congestion, air and water pollution, accidents, and diseases and stress of industry are gaining prominence in that country. The author cites preventive measures being taken and recommends that regional cooperation and exchange of technology are necessary to overcome the environmental impact of industrialization. Statistical data are included. (DP-E)

7102 **Fendall, N.R.** *Appropriate technology in primary health care in developing countries*. Indian Journal of Prevention and Social Medicine (Varanasi, India), 10(1), Mar 1979, 1-17. Engl. 10 refs.

After defining appropriate technology and primary care, the author examines various aspects of an appropriate primary health care delivery system for developing countries, such as systems analysis, standards of care, personnel and training, equipment and techniques, information systems, logistic support systems, the team approach, and transport and communications. Appendices present these aspects in flow chart form and contain sample treatment schedules for primary care clinics, examples of available and desirable appropriate technology, and a health manpower educational pattern. (RMB)

7103 **Fernández, M.C.** *Factibilidad de utilización de un modelo de investigación de operaciones en planificación de salud; informe preliminar de investigación. (Feasibility of utilizing an operations research model in health planning; preliminary report)*. Revista Cubana de Administración de Salud (Havana), 6(3), Jul-Sep 1980, 269-275. Span.

This preliminary report explains how an operations research model developed by Jorge Ortiz and Rodger Parker may be adapted for use in health planning. On the basis of fertility, mortality, and demographic data, the model enables the user to trace the evolution of the health characteristics of a given population through time; its outputs include life expectancy at birth and information regarding the behaviour of such indicators as mortality by cause, annual death rates, demographic age structure, etc. Examples of such outputs are presented in four

tables and some limitations to the model's application are pointed out. (HC-L)

7104 **Flahault, D.** *Relationship between community health workers, the health services, and the community.* WHO Chronicle (Geneva), 32(4), Apr 1978, 149-153. Engl.
Symposium on the Community Health Worker, Airlie, Va., Oct 1977.
Also published in French, Russian, and Spanish.
With hundreds of millions of people lacking the basic essentials of life, health services throughout the world are now confronted with new challenges. This article suggests that, while community health workers can play a critical role in helping to solve these problems, careful planning and implementation with the communities and the health services closely associated in the joint undertaking is necessary for effective action. The author outlines the appropriate role of each party in this process. (Modified journal abstract)

7105 **Galán Morera, R., Levine, A., Ray, D.K.** *Crash health manpower planning: a method for developing countries.* World Health Forum (Geneva), 1(1/2), 1980, 34-44. Engl.
Crash manpower planning is recommended for use in countries where health problems are pressing but health data are missing, incomplete, or inaccurate. It involves: obtaining, by means of formal questionnaires, subjective estimates of health problems and health personnel from experts in the field; the presentation of the information thus obtained in a sequence of tables and maps; and an analysis of the constraints associated with each health problem together with recommended remedies. This paper describes the planning method and how—and by whom—it may be implemented within a relatively short period (e.g., 3 months). (HC-L)

7106 **Islam, N., Huq, A., Murshid, K.A., Hossain, M.** *Water and sanitation in Bangladesh.* Assignment Children (Geneva), (45/46), Spring 1979, 131-143, Engl.
The accomplishments in the field of water supply during Bangladesh's 1st Five Year Plan, which ended in June 1978, included pilot projects to determine the most effective strategies and surveys to establish the level of services and water usage. The objectives of the subsequent 2-year plan include providing a tubwell within 250 yards of every village household, 50 000 tubwells a year, and a repair network and local pump caretakers. The evolution of a village sanitation programme is also described. Statistical data are included. (DP-E)

7107 **Korea Health Development Institute, Seoul.** *Report on the results of the Seminar on the Saemaul Movement and Promotion of the Primary Health Care Program, October 8-10, 1979.* Seoul, Korea Health Development Institute, n.d. 207p. Engl.
Seminar on the Saemaul Movement and Promotion of the Primary Health Care Program, Gyeongju, Korea, 8-10 Oct 1979.
Korea's Saemaul Movement promotes self-help activities and community participation in the creation of human services programmes aimed at encouraging national social and economic development. This workshop was held to examine ways in which the principles of this movement can be applied to primary health care and other health programmes. The workshop report contains the proceedings, agenda, list of participants, and the texts of papers presented. (DP-E)

7108 **Laguna García, J.** *Principales problemas de la planificación de la salud en México. (Principal problems of health planning in Mexico).* Salud Pública de México (Mexico City), 21(2), Mar-Apr 1979, 121-124. Span.
The establishment of a system of health planning in Mexico depends on the following: adequate definition of the role of health in the development process and, consequently, the development of appropriate policies and strategies; judicious allocation of responsibilities among the various health institutions and levels of government; and the existence of a health information system. This paper discusses these prerequisites and the efforts that are currently being made to fulfil them. (HC-L)

7109 **Laguna, J.** *Estrategias para mejorar la atención de la salud; I: interacción de la salud con los sistemas de salud general, de salud pública y de salud personal. (Strategies for improving health care; I: interaction between health and the general, public, and individual health systems).* Gaceta Médica de México (Mexico City), 115(8), Aug 1979, 331-332. Span.
Simposio sobre Estrategias para Mejorar la Atención de la Salud, Mexico City, Mexico, 23 Aug 1978.
See also entry 7470.
Health is the result of many factors, foremost among which are: environmental aspects such as socioeconomic development, education, etc.; the public health system; and personal medical care. In Mexico, as in other countries, the last of these has absorbed the greatest input of medical resources with the least demonstrable effect on the general level of health. The need for planning, evaluation, and institutional reform within the health services is emphasized. (HC-L)

7110 **Masawe, A.E.** *Proposals for future development of dermatological sciences and services in tropical Africa.* East African Medical Journal (Nairobi), 56(3), Mar 1979, 116-120. Engl.
The state of dermatological sciences and services (dermatology, venereology, allergology, and leprology) in tropical Africa is reviewed. It is noted that these are poorly developed and that the related diseases are highly prevalent, especially in the rural areas. Both the general public and the health personnel have very little knowledge about these conditions. To remedy the situation it is proposed that health personnel and the public be educated, facilities for promotion of these sciences at all levels of the health delivery system be provided, and research be encouraged. It is also recommended that a

regional training and coordinating machinery, in the form of a regional institute of research and training in tropical dermatological sciences, be established. (Modified journal abstract)

7111 **Maung, U.L.** *Components of basic services strategy in relation to child-related services.* In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 25-28. Engl.
For complete document see entry 7077.

The author outlines the principal aspects of the basic services approach to health care planning, particularly in the context of child health services. He emphasizes the importance of community participation; diagnosis of problems should be done by all levels of the local community. Community workers should be chosen from among the villagers and be given a short period of training in a local setting. More highly trained auxiliaries should serve as a link between village level workers and professional staff. Use of simplified technology based on local resources is also stressed. Finally, there should be integration and coordination of services between the community and various levels of government, based on the principles of self-reliance and community development. (FM)

7112 **Mburu, F.M.** *Implications of the ideology and implementation of health policy in a developing country.* Social Science and Medicine (Aberdeen, UK), 15A(1), Jan 1981, 17-24. Engl. 22 refs.

Health policies in Africa, particularly those in Kenya, are examined along with the emphasis and implications of such policies. Poor distribution of health resources, lack of health policies aimed at urgent preventable conditions, and the power of the indigenous elites in health-related issues have contributed to the ineffective provision of health services. The author describes a number of factors that must be considered in the formulation of effective public health policies. Focusing attention on the current trends in Kenya regarding manpower training, health priorities, and drug expenditures, he enlarges on the need for change in sociopolitical philosophy to bring about changes in health care policies. (EB)

7113 **McEvers, N.C.** *Health and the dssault on poverty in low income countries.* Social Science and Medicine (Aberdeen, UK), 14C(1), Mar 1980, 41-57. Engl. 74 refs.

The author examines the cause-and-effect relationship between poverty and health. Benefits from basic health improvements include a decrease in child mortality, leading to a decline in natality, and increased productivity as more and more diseases are controlled or eliminated. Strategies for improving health must include both preventive and curative measures. The health services system must be reorganized to promote the development of primary health care at village level, emphasizing training of village workers, programme development, and promotion of community participation. Policy analysis is an essential 1st step towards the reallocation of resources to reflect these aims. (FM)

7114 **Naki, J.S.** *Examination of the extent of responsibility of mental health services from the standpoint of developing communities.* International Journal of Social Psychiatry (London), 25(3), Autumn 1979, 203-208. Engl. 13 refs.

Community psychiatric problems require action on the part not only of the mental health services but also of the social and educational services, legal and political agencies, etc. This problem is examined in terms of the characteristics of the population, those of the existing mental health services, factors relating to personnel resources, and the syndromes, which in developing countries may include psychiatric manifestations of malnutrition, syphilis, tuberculosis, leprosy, and other diseases. Since most developing countries have only rudimentary mental health services, planners should avoid expensive and ineffective Western models such as the health team and weigh projected community needs against the manpower and other resources available. (DP-E)

7115 **Niazi, A.D.** *Long-term planned integration between the rural health services and the malaria eradication programme.* Bulletin of Endemic Diseases (Baghdad), 19(1/4), Nov 1978, 9-13. Engl.
See also entry 7070.

A plan to extend basic health services coverage (maternal child health, school health, environmental sanitation, statistics, health education, disease control, and curative medicine and health insurance) to one health unit in each of Iraq's provinces is briefly described. A detailed plan for incorporating the country's successful malaria eradication programme into these services is also given. Statistical data are included. (DP-E)

7116 **Pratt, E.O.** *Health care in developing countries: a national view.* Search for Absolute Values in a Changing World (New York), (1/2), 1978, 759-765. Engl.

The author first outlines the major health problems in West Africa, which include endemic diseases, nutritional deficiencies, and stress-related diseases resulting from rapid modernization. Mothers and children form the highest risk group and maternal as well as infant mortality is high. Solutions to these problems require the development of a multi-faceted, comprehensive health system, based on an accurate assessment of needs, a review of budgetary allocations, and a systems approach to planning health care delivery. The health plan would involve political, technical, and community participation and its implementation will require international assistance in technology, training, and financing. (FM)

7117 **Public Health Reports, Rockville, Md.** *Health professions development in the Trust Territories of the Pacific Islands.* Public Health Reports (Rockville, Md.), 94(6), Nov-Dec 1979, 576-577. Engl.

The objectives of the omnibus health plan for the US Trust Territories of the South Pacific are briefly out-

lined. This plan covers manpower development in the area, the organization of local health services, and a number of grants for training health professionals. (DP-E)

7118 **Samba, E.M.** *Primary health care: unknowns, pitfalls, and hazards.* World Health Forum (Geneva), 2(3), 1981, 358-363. Engl.

Experience in the Gambia has shown that national and local commitments to primary health care are only the 1st step in making it a reality. Good management and, above all, adequate and sustained funding are essential if primary health care programmes are to fulfill their purpose and meet people's expectations. (Modified journal abstract)

7119 **Sepúlveda-Alvarez, C., Srisukonth, L.** UN, Asian and Pacific Development Institute, Bangkok. *Development of basic community services through primary health care; second (ESCAP) training seminar. Vol. 1.* Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 25, 1979. 1v.(various pagings). Engl.

Sub-regional ESCAP Training Seminar on Development of Basic Community Services through Primary Health Care, Bangkok, Thailand, 8 May-15 Jun 1979.

Volume 1 summarizes the proceedings of the seminar on basic community services and includes the list of participants as well as a list of working papers presented during the meetings. Several chapters outline the organization of the seminar, its goals and agenda, and the field work phase. A final section is devoted to the evaluation of the seminar by participants and includes questions on the timing and structure of the seminar, participants' own abilities, performance of the faculty, training methods, and suggestions for improvement. Pre- and post-seminar questionnaires were distributed to determine attitudinal change regarding the concept of primary care. (FM)

7120 **Soedarsono** *Community health development; an experience from central Java, Indonesia.* In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 177-185. Engl.

For complete document see entry 7077.

Community health programmes in central Java, Indonesia, were developed in 3 phases with support from voluntary agencies, participation by the government health centre, and supervision by provincial administrators. The programmes vary, with 5 or 6 general models being adapted to local conditions. Appropriate technology has been applied to purifying water supplies, building latrines, and designing home water distribution systems. Health volunteers carry out disease surveillance, examine blood samples for malaria, diagnose and treat simple illnesses, and promote health education. The steps involved in developing the programme are outlined followed by a discussion of various problems that were encountered. (FM)

7121 **Sofoluwe, G.O.** *Principles and practice of health services administration and planning in Africa.* Tropical Doctor (London), 10(3), Jul 1980, 133-136. Engl.

Three basic principles for providing better health care coverage in Africa are 1) development of local authorities, 2) the creation of industrial zones to support these authorities, and 3) government grants to self-help groups. To put these principles into practice requires the following: manpower training programmes; collection of basic planning data by means of geographical mapping, census, health manpower studies, and environmental, nutritional, and social surveys; and planning health records and accurate assessment programmes. The emerging health service is briefly described. (DP-E)

7122 **Trainer, E.S.** *Community-based integrated family planning programs.* Studies in Family Planning (New York), 10(5), May 1979, 177-182. Engl.

Since about 1976, the Japanese Organization for International Cooperation in Family Planning has sponsored a series of unique family planning pilot projects in several Asian countries. The projects are based on the premise that the credibility of family planning fieldworkers can be established or increased by the addition of a simple health component to their role-in this case, helminth control and nutrition education. In addition, a critical element of their strategy is the bringing together of government, private, and expert resources as partners in the effort to stimulate local involvement to the point where a programme can be taken over and maintained by the community. This paper outlines and discusses the four stages involved in a project, i.e., strategic planning, design and development, implementation and assessment, and programme maintenance. (HC-L)

7123 **WHO, Copenhagen.** *Environmental health impact assessment; report on a WHO seminar.* Copenhagen, WHO, EURO Reports and Studies No. 7, 1979. 31p. Engl.

WHO Seminar on Environmental Health Impact Assessment, Argostoli, Greece, 2-6 Oct 1978.

The purpose of this seminar was to examine the process of environmental impact assessment by isolating the health component and considering how it should be incorporated into the overall process and to review the experience of various countries (e.g., major hydraulic works, Aswan, Egypt; oil and related development, UK; reuse of liquid wastes, Israel, etc.) in assessing the environmental health impact of economic development. This report summarizes the technical papers and case studies presented during the seminar and sets forward its 16 conclusions and recommendations. (HC-L)

7124 **WHO, Geneva.** *Science and technology for health promotion in developing countries: 1.* WHO Chronicle (Geneva), 33(11), Nov 1979, 399-406. Engl.

United Nations Conference on Science and Technology for Development, Vienna, Austria, 20-31 Aug 1979.

Also published in French, Russian, and Spanish. In the 1st part of a two-part paper prepared by WHO, the major health problems confronting developing countries and obstacles to their resolution are presented. The discussion covers communicable and parasitic diseases, malnutrition, environmental health, family planning and maternal child health, the provision of essential drugs, the use of traditional medicine, and psychosocial factors affecting health. The development of appropriate technology and the role of manpower development, particularly the training and utilization of community health workers, are described. The role of information systems is outlined and the need for an international infrastructure for scientific cooperation examined. (FM)

7125 **WHO, Geneva.** *WHO expert committee on specifications for pharmaceutical preparations; twenty-sixth report.* Geneva, WHO, WHO Technical Report Series No. 614, 1977. 53p. Engl.

These WHO specifications for pharmaceutical preparations cover analytical criteria for drug quality assessment, basic tests for drugs, plastic containers for pharmaceuticals, the latest revision of the international pharmacopoeia, international chemical reference substances, and quality assurance in pharmaceutical supply systems. The 1st three topics are further discussed in appendices. (DP-E)

7126 **Williams, P.B.** *Need for a comprehensive health education programme in Nigeria.* Royal Society of Health Journal (London), 100(3), Jun 1980, 90-94. Engl. 10 refs.

The need for a comprehensive health education programme in Nigeria is discussed. The author examines such issues as preventive health versus curative medicine and outlines the essential elements and guidelines for such a programme. Its priorities would include prevention, training of health educators, the establishment of a school/community health education advisory committee, federal responsibility for health education activities, in-service training for teachers and other civil service employees, the implementation of a nation-wide school health programme, etc. (DP-E)

II.4 Geographical Distribution of Health Services and Workers

See also: 7348.

7127 **Cowan, B.** *Why leave out the doctor?* Saving Health (London), 19(1), Mar 1980, 1-3. Engl.

Despite the success of community health programmes staffed by nurses and auxiliary health workers and the competition from traditional practitioners, the author maintains that only a physician can provide the type of care most needed by (and most impressive to) rural villagers. Fortunately, there are enough doctors to provide adequate coverage in rural India, although at present they are inadequately trained and poorly distributed. (DP-E)

7128 **Madison, D.L.** *Managing a chronic problem: the rural physician shortage.* Annals of Internal Medicine (Philadelphia, Pa.), 92(6), Jun 1980, 852-854. Engl. 13 refs.

Reasons for the shortage of physicians in rural USA are examined and several strategies for overcoming this problem are outlined and evaluated. The best strategy seems to be a combination of three essential elements: choosing medical students from rural backgrounds, stressing the teaching of primary care skills in medical schools, and strengthening the National Health Service Corps, which provides support and opportunities for already established rural physicians. (DP-E)

7129 **Weiss, L.D., Weise, W.H., Goodman, A.B.** *Scholarship support for Indian students in the health sciences: an alternative method to address shortages in the underserved area.* Public Health Reports (Rockville, Md.), 95(3), May-Jun 1980, 243-246. Engl.

A scholarship programme for medical and other health sciences students from US Indian tribes is proposed as a solution to the maldistribution of health care personnel in rural areas. Although there was no obligation to serve in a rural area after graduation, most graduates did return to their areas of origin. The programme is described and evaluated. (DP-E)

7130 **Willard, W.R.** *Rural health care network.* Journal of the Medical Association of the State of Alabama (Montgomery, Ala.), 48(11), May 1979, 51-53. Engl.

A continuing education programme in Alabama, USA, offers a wide variety of topics, chosen by the participants, of particular interest to rural health personnel. The author outlines problems faced by rural physicians and includes general problems of rural care. Other programmes underway in Alabama to improve the quality of rural health care include manpower training programmes, research in rural health care delivery, development of specialized services for rural areas, coordination of health administration in all areas of the state, and a recruitment/placement service to help redistribute health manpower. (FM)

7131 **Yaalch, D.L.** *Small hospitals recruit family as well as M.D.* Modern Health Care (New York), 9(11), Nov 1979, 64. Engl.

Small, rural communities in the USA are devoting more time to recruiting programmes to attract physicians and their families. Many communities rely on personal contact with doctors still in training. The possibilities of entering an established practice, receiving financial aid or a guaranteed annual income from the community, as well as the presence of a strong referral base from other doctors, are elements that attract new doctors. Continuing education programmes are also an important aspect to be considered and small hospitals in isolated commu-

nities must make time available for physicians to attend such courses in larger centres. (FM)

II.5 Financial Aspects

7132 **Bradley, D.J.** *Prevention of disease in the tropics: questions in health economics.* Journal of Epidemiology and Community Health (London), 33(1), Mar 1979, 66-73. Engl.

This paper reviews the main issues in health economics in the less developed countries and discusses the limitations of economic analysis as it has been applied to malaria control and other vertical programmes in the past. The discussion following the paper examines the potential of economics to improve the efficacy of health resources allocation in the future. (HC-L)

7133 **Développement et Santé, Paris.** *Coût et financement des soins de santé primaires. (Cost and financing of primary health care).* Développement et Santé (Paris), (28), 1980, 18-19. Fren.

Based on experience within a government health service in Africa, this paper attempts to determine basic costs for primary health care and the best means of financing such services. The four basic steps include identifying essential medicines and drugs, redefining health problems, reorganizing the management and distribution of products, and seeking financial resources. It is estimated that an effective primary health service, providing both preventive and curative services, costs approximately $1 per person, excluding transportation and other indirect costs. Means of financing these costs include a more equitable distribution of official health budgets, greater utilization of traditional medicine, and, finally, contributions from the population itself, accompanied by local participation in the management of health services. (FM)

7134 **Golladay, F.L., Liese, B.** *Paying for primary health care: mechanisms for recurrent financing.* In Wood, C., Rue, Y., eds., Health Policies in Developing Countries, London, Royal Society of Medicine, International Congress and Symposium Series, No. 24, 1980, 35-39. Engl.

For complete document see entry 7244.

Current health care strategy reflects to a large extent the basic needs approach to development. Analysis of developing country public health expenditures (national, local, private, etc.) reveals that most of these nations can afford a primary health care outlay of US$6.00-US$15.00 *per capita*. Principles of health care financing emphasize equity, appropriate utilization and levels of services, and administrative feasibility. The implications of health care finance for the design of health programmes are briefly discussed. (DP-E)

7135 **Jaucleos, M.F.** *Autogestion communautaire et couverture sanitaire: Projet de Pikine, Sénégal. (Self-help in the community and health care coverage: Pikine Project, Senegal).* Annales de la Société Belge de Médecine Tropicale (Brussels), 59, 1979, Suppl., 81-88. Fren. Refs.

In order to provide essential health services for a maximum number of persons in a suburban population of 350 000 in Senegal, a project involving auto-financing and self-help was incorporated into administrative changes carried out by the government. Health committees representing the communities manage the financial resources resulting from stipulated contributions and determine how to spend them. It was found that this community programme improved both the quality of primary care and management of services. Effective coverage of the population will, in the future, be the criterion for evaluating the efficiency of this kind of insurance scheme. (Modified journal abstract)

7136 **Johnston, T.S.** *Provision of medicines in Ecuador.* Lancet (London), 1(8177), 17 May 1980, 1073-1074. Engl.

Part of the drug budget in Ecuador is spent on expensive, nonessential, or unsafe proprietary medicines, while many drugs considered necessary in developed countries are unavailable. The promotional activities of pharmaceutical companies are unchecked and objective drug information is scarce. This article examines drug acquisition, storage, and promotion and presents proposals for improving drug use. (Modified journal abstract)

7137 **Laud, T.** *Vicious circle.* World Health (Geneva), Feb-Mar 1980, 26-29. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The author discusses the implications of a joint WHO/FAO study on the economic relationship between tax revenue generated by the tobacco industry in developing countries and the financial cost of diseases associated with smoking. He demonstrates how any economic benefits from the industry will be offset by deteriorating health standards, ecological damage, and loss of domestic food production. The objectives of the study are to encourage crop diversification and the substitution of profitable alternative crops. (FM)

7138 **Mora Ramírez, J., Salazar Duque, A.** *Community-initiated water supply project in Colombia.* Assignment Children (Geneva), (45/46), Spring 1979, 121-130. Engl.

The experience of the village of Juanambu, Colombia, in constructing, financing, and maintaining an aqueduct demonstrates the importance of community participation in local water supply projects. The 47 families who were potential users of the aqueduct contributed about 1 300 pesos each in either money or working time in addition to a government grant and loan and presently maintain the system and repay the loan with monthly dues of 10 pesos. Subsequent projects undertaken by the village are discussed. (DP-E)

7139 **Noble, J.H.** *Rehabilitating the severely disabled; the foreign experience.* Journal of Health Politics, Policy and Law (Durham, N.C.), 4(2), Summer 1979, 221-249. Engl. 24 refs.

This paper develops a model for examining relationships between 14 policy and politicoeconomic variables and the social benefits and costs of rehabilitation in Europe and the USA. Current trends are seen as depressing the post-services earnings of rehabilitants, limiting the stabilizing effects of rehabilitation on labour market turnover, and increasing available time for unpaid work at home and elsewhere. Unequal intergovernmental cost-sharing in providing benefits and services will promote inefficient allocation of scarce resources, while cost increases due to high inflation rates will reduce the overall benefit:cost ration that results from investments in rehabilitation. A number of predictions are made concerning future disability and rehabilitation policies of the USA during the next 20 years. (Modified journal abstract)

7140 **Supardi, R.** *Is a health insurance scheme possible in the village?* Vibro (Solo, Indonesia), 22, Dec 1979, 9-10. Engl.

The problem of operating a health insurance scheme in a village where money is scarce and infrequently used as a means of exchange has been overcome in a farming community in rural Indonesia by setting the cost of subscription at 10 kg of rice per family, payable at harvest time. The scheme has been successfully operating since 1974. (HC-L)

II.6 Cultural Aspects

See also: 7032, 7033, 7091, 7172, 7224, 7247, 7249, 7263.

7141 **Asang, J.K.** *Treatment of protein energy malnutrition (PEM)—the Ghanaian traditional medicine practitioners' (TMPs) approach.* Medical Anthropology Newsletter (Pleasantville, N.Y.), 11(2), Feb 1979, 12-14. Engl.

Interviews with 18 traditional practitioners in Ghana revealed that they: were aware of the clinical signs of both kwashiorkor and marasmus; attributed them to evil influences, certain behaviour, etc.; managed them by means of herbal infusions, dietary restrictions, etc.; and were willing to meet with health workers to discuss their treatment. It is hoped that, with appropriate training such as that being provided by the Primary Health Training for Indigenous Healers Project, Techiman district, the traditional practitioners will be able to participate more effectively in the prevention and treatment of protein-calorie malnutrition. (HC-L)

7142 **Bannerman, R.H.** *Acupuncture: the WHO view.* World Health (Geneva), Dec 1979, 24-29. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

This report of a 1979 WHO seminar on acupuncture, moxibustion, and acupuncture anaesthesia examines the definition, role, and training of the acupuncturist in both the People's Republic of China and the West. While it was generally agreed that contraindications to acupuncture include pregnancy, the needling of tumour sites, and the presence of a cardiac pacemaker, the technique has been successfully used to treat a long list of respiratory, eye, mouth, gastrointestinal, neurological, and musculoskeletal disorders in addition to its analgesic applications. (DP-E)

7143 **Bannerman, R.H., Villod, M.T., Guérin, N.** *Traditional medicine.* Children in the Tropics (Paris), (122), 1979, 3-33. Engl. 22 refs.

The 1st part of this article discusses the role of traditional practitioners in developing countries and summarizes WHO's aim *vis-à-vis* traditional medicine as follows: to foster a realistic approach to traditional medicine; to explore the merits of traditional medicine in the light of modern medical science in order to maximize useful and effective practices and discourage harmful ones; and to promote the integration of proven valuable knowledge and skills in traditional and Western medicine. The 2nd part, entitled 'Why rehabilitate traditional medicine?' discusses what is meant by traditional medicine, reviews some traditional medical systems, and describes some of the efforts at cooperation between Western and traditional medicine that are being undertaken throughout the world today. (HC-L)

7144 **Bland, J.** *Exact science.* World Health (Geneva), Dec 1979, 4-9. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

Case histories of Chinese patients treated with acupuncture as a cure for poliomyelitis and as an analgesic during dental extractions and the surgical removal of a lung tumour are described. The author discusses research studies that are trying to discover why acupuncture works and how this traditional procedure can be adapted to Western medicine. (DP-E)

7145 **Carcavallo, R.U.** *Social disease; the insidious "kissing bug", vector of Chagas' disease, finds an ideal habitat in the dwellings of the poor.* Health (Washington, D.C.), 11(1/4), 1979, 15-17. Engl.

Chagas' disease, also known as American trypanosomiasis, afflicts millions of people, mostly children at the poverty level, in Central and South America. Certain cultural and social factors can be seen to contribute greatly to the spread of the disease: it afflicts mainly the rural poor, who live in traditional family groupings with a low level of education and a built-in resistance to change. The author concludes that effective disease control depends not only on traditional methods such as spraying but also on radical changes in the socioeconomic system that must be supported by new educational policies and by economic development to improve living standards for the most susceptible population. (EB)

7146 **Chen, P.C.** *Ecological factors influencing the growth of the child.* Medical Journal of Malaysia (Singapore), 34(1), Sep 1979, 6-12. Engl. 18 refs.

This paper discusses how cultural practices related to the production, preparation, and distribution of food and food preferences and taboos can influence the growth of the child. Examples from Sabah, Sarawak, and peninsular Malaysia are cited as illustrations. (HC-L)

7147 **Daynes, G., Msengi, N.P.** *'Why am I ill? Who made me ill?' The relevance of Western psychiatry in Transkei.* South African Medical Journal (Cape Town), 56(8), 25 Aug 1979, 307-308. Engl.

Western medical personnel, particularly psychiatrists, in developing countries must provide their patients with explanations as to why they are ill and who or what made them ill. Lacking this information, patients will turn to traditional practitioners for answers to these questions. A knowledge of local customs and beliefs is necessary for the Western practitioner to fully understand his patients' behaviour and condition. (FM)

7148 **Erinosho, O.A.** *Evolution of modern psychiatric care in Nigeria.* American Journal of Psychiatry (Hanover, N.H.), 136(12), Dec 1979, 1572-1575. Engl. 17 refs.

The history of both traditional and Western-style mental health services in Nigeria is traced. As a result of these two different approaches, there are two primary conceptual orientations among mental health workers in the country: the non-culture-bound, which does not accept the importance of traditional methods and healers, and the culture-bound, which aims for a convergence of the traditional and Western systems. The effectiveness of modern psychiatric care in Nigeria may well depend upon the extent to which commonly accepted notions of mental illness are accommodated by professional care agents. (Modified journal abstract)

7149 **Griffin, R.J.** *Herbal medicine revisited: science looks anew at ancient Chinese pharmacology.* American Pharmacy (Washington, D.C.), 19(10), Sep 1979, 16-22. Engl.

Some recent efforts by Western scientists to investigate Chinese traditional medicine are described. Special emphasis is given to research into the effectiveness of Chinese herbal medicines in the treatment of heart diseases, burns, and appendicitis. It is suggested that previous Western attempts to evaluate traditional medicines have failed because of the researchers' persistence in trying to isolate an active principle and their refusal to prepare the herbs in the traditional manner. The doctrine of Yin and Yang and different methods of processing herbal preparations are also discussed. (DP-E)

7150 **Hull, V.J.** *Women, doctors, and family health care: some lessons from rural Java.* Studies in Family Planning (New York), 10(11/12), Nov-Dec 1979, 315-325. Engl. Refs.

The author describes the traditional health care system of rural Indonesian women, distinguishing the central from the peripheral aspects of systems that women have developed to meet their needs and contrasting them with modern health care. She suggests that modern programmes could benefit from an understanding of traditional medicine by building on the basic approach of self-reliance, by incorporating specific traditional practices that are beneficial, and by sympathetic treatment of those traditional practices that are ineffective or potentially harmful. (DP-E)

7151 **Kabanga, N.** *Pistes pour une recherche de l'anthropologie médicale au Zaïre: santé et développement. (Aspects of medical-anthropological research in Zaire: health and development).* Zaïre-Afrique (Kinshasa), 141, Jan 1980, 29-36. Fren.

The author examines the major problems affecting public health in Zaire and suggests that problems relating to the coexistence of modern and traditional systems of medicine deserve further research to ensure the effective integration of both. Psychological and social factors must also be taken into account when treating patients. Efforts must be made to correct the inequitable distribution of resources and facilities to improve health care in rural areas and more emphasis must be placed on health education and the promotion of preventive medicine. (FM)

7152 **Lozoya, X.** *Mexican medicinal plants used for treatment of cardiovascular diseases.* American Journal of Chinese Medicine (Garden City, N.Y.), 8(1), Spring-Summer 1980, 86-95. Engl. Refs.

This article reviews the state of research for a number of Mexican plants traditionally related to treatment of cardiovascular diseases. It stresses the importance of both anthropological surveys and historical studies for the proper understanding of this ancient and still very popular medicine. Line drawings of some common plants are included. (Modified journal abstract)

7153 **Oyebola, D.D.** *Traditional medicine and its practitioners among the Yoruba of Nigeria: a classification.* Social Science and Medicine (Aberdeen, UK), 14A(1), Jan 1980, 23-29. Engl. 39 refs.

This paper critically reviews existing classifications of Yoruba traditional practitioners in Nigeria and, based on interviews with 50 traditional practitioners, proposes a new classification comprising seven functionally-defined categories. It is hoped that this new classification will assist in the identification, registration, and, possibly, the incorporation of certain types of practitioner into the health care system. (HC-L)

7154 **Oyebola, D.D.** *Method of training traditional healers and midwives among the Yoruba of Nigeria.* Social Science and Medicine (Aberdeen, UK), 14A(1), Jan 1980, 31-37. Engl. 37 refs.

This paper synthesizes the results of 132 brief interviews and 4 detailed interviews with Yoruba herbalists/midwives in Nigeria regarding their training. The interviews focused on the prerequisites for training, the duration of training, the typology of learning experiences (curriculum), and the graduation ceremony of the apprentice. (HC-L)

7155 **Pataki-Schweizer, K.J.** *Transcultural coping: psychiatric aspects in squatter settlements.* Papua New Guinea Medical Journal (Port Moresby), 21(3), Sep 1978, 270-275. Engl. 12 refs.

This paper presents selected data from a household sur-

vey of the demographic, socioeconomic, and cultural features of a squatter community outside Port Moresby, Papua New Guinea. Some comments regarding the significance of such research for the practice of medicine, particularly psychiatry, in new or changing social circumstances are put forward. (HC-L)

7156 **Reid, F.T.** *Psychosocial structure in China.* Arizona Medicine (Scottsdale, Ariz.), 36(9), Sep 1979, 679-681. Engl.

Following a visit to the People's Republic of China, a US psychiatrist compares psychosocial aspects of life in that country and in the USA. Traditional Chinese culture emphasizes family continuity between the generations and provides a strong sense of place, compared to discontinuity between generations in the USA and a greater sense of geographic mobility. The author discusses how these differences affect mental health in both countries and examines psychiatric services in China. Treatment combines Western methods with more traditional techniques such as herbal medicines and acupuncture. An extensive follow-up network involves the community as well as the family in treating patients after discharge. (FM)

7157 **Rée, G.H., Dyson, T.** *Population study in the Maldive Islands.* Tropical and Geographical Medicine (Haarlem, Netherlands), 31(2), 1979, 291-296. Engl.

The Maldive Islands, situated in the Indian Ocean off the southwestern tip of India, consist of about 2 000 coral islands, of which about 190 are inhabited, grouped into 19 atolls. This article presents a brief background of the islands and describes the impact that the establishment in 1956 of a Royal Air Force air staging station had on one atoll. The jobs thus created and the medical technology introduced had the effect of sharply increasing the population growth. The authors speculate on the distortion of the natural evolution of the islands that will occur when the station is withdrawn. (DP-E)

7158 **Schatz, J.** *Common purpose.* World Health (Geneva), Dec 1979, 21-23. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The rationale behind acupuncture and other traditional types of Chinese medicine is examined. In the Far East, traditional and Western medicines have both been molded to complement each other and medical students are automatically taught both types. Although some Western practitioners are learning the mechanics of acupuncture, it is suggested that, without an accompanying understanding of the Chinese view of disease and the human anatomy, the full benefits of the technique will never be realized. (DP-E)

7159 **Warren, D.M.** *Primary health care training for indigenous healers in Ghana.* Ames, Iowa, Iowa State University, Department of Sociology and Anthropology, 21 Mar 1980. 13p. Engl. 25 refs. Annual Meeting of the Society for Applied Anthropology, Denver, Colo., 19-22 Mar 1980.

This paper discusses the role of the anthropologist in development with reference to the author's work for US AID in Ghana. This work included: a series of workshops to train, in a culturally-appropriate manner, regional- and district-level health officials in Western management principles and development planning techniques; a project designed to improve the capacity of traditional practitioners to assist in environmental, preventive, and promotive health programmes at the district level; and efforts to foster positive relations between district-level health officials and traditional practitioners. (HC-L)

II.7 Epidemiological, Family Planning, Maternal Child Health, Nutrition, and Disease Control Studies

See also: 7003, 7141, 7302, 7325, 7435, 7539.

7160 **Ahmed, S.** *Tale of two countries.* Salubritas (Washington, D.C.), 4(1), Jan 1980, 4-5. Engl.

Observation of malnourished children in a nutrition rehabilitation centre in north Yemen prompted an informal study of the marketing and promotion of breast milk substitutes in that country. The study revealed that sales agents had developed thriving outlets in even the most remote mountain villages, principally through personal contact with pharmacists, doctors, nurses, and shopkeepers but also, in defiance of WHO guidelines, through the mass media and the dissemination of promotional materials. On the other hand, a law making baby feeding bottles and teats available by prescription only curbed the use of formula-feeding before it became widespread in Papua New Guinea. (HC-L)

7161 **Amole, J.G.** *Nutrition rehabilitation proposals for developing countries with reference to Nyanza province in Kenya.* East African Medical Journal (Nairobi), 56(3), Mar 1979, 109-115. Engl. 8 refs.

The author describes the nutritional status of children in Nyanza province, Kenya, and suggests strategies for improvement. He examines changes in diet following exposure to European civilization, as well as changes in child-rearing practices that have actually increased the incidence of malnutrition. An ideal nutrition rehabilitation programme should be based on community participation with support from a few trained health workers. Village-level education can be done by family members and volunteer health workers. Each division should have a nutrition rehabilitation centre offering week-long courses in nutrition and family health. Severe cases of malnutrition would be treated in district-level rehabilitation units. (FM)

7162 **Arita, I.** *Can we stop smallpox vaccination?* World Health (Geneva), May 1980, 27-29. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The case for discontinuing routine smallpox vaccination is presented. Discontinuance is recommended because the disease has been successfully eradicated, the laboratories with stocks of variola virus for research purposes are limited in number and carefully monitored, there is

no animal reservoir of smallpox or any indication that animal pox viruses can mutate into smallpox, death and complications from vaccination would be eliminated, and the world community would save approximately US$1 000 million annually. (DP-E)

7163 **Baker, S.J., DeMaeyer, E.M.** *Nutritional anemia; its understanding and control with special reference to the work of the World Health Organization.* American Journal of Clinical Nutrition (Bethesda, Md.), 32(2), Feb 1979, 368-417. Engl. 310 refs.

Since 1949, the World Health Organization, recognizing the public health importance of nutritional anaemia, has sponsored efforts directed towards its understanding and control. During this period, often as a result of WHO's work, advances have been made in many areas. Basic understanding of iron, folate, and vitamin B12 nutrition, and the various factors that may influence the availability and requirements of these nutrients, has greatly increased. Surveys in a number of countries have highlighted the widespread prevalence of nutritional anaemia, particularly in developing countries. Control of nutritional anaemia is possible by providing the deficient nutrient(s) either as therapeutic supplements or by fortification of commonly used food stuffs. Some control programmes are reviewed and suggestions for further action outlined. (Modified journal abstract)

7164 **Baron, D.** *Diarrhoeal diseases.* World Health (Geneva), Nov 1980, 14-17. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

In developing countries, diarrheal diseases rank with acute respiratory infections as leading causes of childhood morbidity and mortality. Recent research to improve and simplify treatment has resulted in a simple method of oral rehydration, effective in all but the most severe cases. Use of this method also provides a good opportunity to train mothers in proper nutrition, sanitation, and food hygiene practices. Nevertheless, the ultimate success of oral rehydration therapy in reducing overall morbidity due to diarrhea requires the integration of other related primary health care and the development of national health services. (FM)

7165 **Bazin, M.** *Economic aspects of the onchocerciasis control programme in the Volta Basin.* In Wood, C., Rue, Y., eds., Health Policies in Developing Countries, London, Royal Society of Medicine, International Congress and Symposium Series, No. 24, 1980, 163-165. Engl.
For complete document see entry 7244.

The main strategy of the Volta Basin's 6-year-old onchocerciasis control programme is the spraying of insecticides over 14 000 km of rivers spread over 654 000 km² in seven West African countries (Upper Volta, Mali, Ivory Coast, Ghana, Benin, Togo, and Niger) inhabited by some 10 million people. The economic advantages expected from this programme include increased labour productivity once the incidence of the disease has dropped and the opening up of more fertile land. Some aspects of land development policy are discussed. (DP-E)

7166 **Biddulph, J.** *Nutrition.* Papua New Guinea Medical Journal (Port Moresby), 21(4), Dec 1978, 282-285. Engl. 13 refs.

The history of nutrition-related activities in Papua New Guinea is traced from 1969-1979. These activities have included the establishment of nutrition sections within the health department and in many hospitals, the implementation of a national nutrition plan and policy, and two national nutrition surveys. Some of the nutrition problems and the need to promote breast-feeding are discussed. (DP-E)

7167 **Billewicz, W.Z.** *Timing of post-partum menstruation and breast feeding; a simple formula.* Journal of Biosocial Science (Cambridge, UK), 11(2), Apr 1979, 141-151. Engl. 9 refs.

A function is proposed for estimating the proportion of women who resumed menstruation at a given time post-partum on the basis of the proportion of women breast-feeding at that time. The function was fitted to 25 series of incidences from nine countries (236 time points), most countries providing three contrasting groups: urban well-to-do, urban poor, and rural. The average error of the estimate within series was 0.08. Some uses of the function in family planning are briefly considered. Statistical data are included. (Modified journal abstract)

7168 **Blagojevic, M., Andjelkovic, N., Vasovic, M., Debeljkovic, N., Dedic, O.** *Problems in the campaign against trachoma in areas with low prevalence and incidence of trachoma.* Revue Internationale du Trachome Pathologique Oculaire Tropicale et Subtropicale (Annonay, France), 56(1), 1979, 23-37. Engl.

Countries with low incidence and prevalence of trachoma still face some important problems in achieving eradication. Since it can be difficult to identify new and/or active cases of trachoma, attention should be focused on families in which some members have been affected by trachoma (so-called focal perlustration), on communities with substandard hygienic conditions, and on collectives (schools, camps, etc.) composed of members from different parts of the country, especially those from trachoma endemic areas. Epidemiological and bacteriological studies should be carried out, as well as systematic health education, and this phase should emphasize individual rather than mass treatment. (Modified journal abstract)

7169 **Burkhardt, E.M.** *Full pots...and malnutrition.* Agenda (Washington, D.C.), 3(2), Mar 1980, 22-24. Engl.

The traditional Ghanaian diet, although filling, is nutritionally deficient. This paper describes the diet and how it might be improved and briefly discusses the efforts that are currently underway to educate people in better eating and food preparation habits. (HC-L)

7170 **Caninaves, O.** *Perspectives in dermatology: Indonesia, Singapore and Malaysia.* International Journal of Dermatology (Philadelphia, Pa.), 18(7), Sep 1979, 539-544. Engl.

After providing background information on Indonesia, Singapore, and Malaysia, the author briefly describes medical and dermatological education in each country. The epidemiology of skin diseases in Southeast Asia is discussed in terms of pattern and distribution, the infectious-parasitic group, the eczema-dermatitis group, and sexually transmitted diseases. (DP-E)

7171 **Carteron, B., Morvan, D., Redhais, F.** *Problème de l'endémie palustre dans la République de Djibouti. (Question of endemic malaria in the Republic of Djibouti).* Médecine Tropicale (Marseilles, France), 38(3), May-Jun 1978, 299-304. Fren. 12 refs.

From 1973-1976, 199 cases of indigenous malaria were noted in the republic of Djibouti. A geographical correlation between the outbreaks and the presence of the vector *Anopheles gambiae* was observed. This paper discusses the epidemiology of the disease in the republic and the role of nomadism in its transmission. (HC-L)

7172 **Church, M.** *Dietary factors in malnutrition: quality and quantity of diet in relation to child development.* Proceedings of the Nutrition Society (London), 38(1), May 1979, 41-49. Engl. 11 refs.

Three-hundred-and-twentieth Scientific Meeting of the Nutrition Society, London, UK, 7-8 Sep 1978.

For complete document see entries 7173, 7192, 7207, 7221, 7240, 7248, 7567, and 7611.

Many of the problems faced by children being weaned in the developing countries are inherent in the traditional diet. Low-fat staple foods cook to a thick consistency at high water contents and thus are bulky and of low energy density. It is difficult for the weanling to absorb them in sufficient quantities to meet his energy needs, especially during bouts of illness. The inclusion of fats and soluble foods such as sugar to the diet are recommended as ways of making a much wider range of palatable foods available to the child and a more gradual transition from a liquid to a solid diet. (HC-L)

7173 **Coward, W.A., Fiorotto, M.** *Pathogenesis of oedema in kwashiorkor-the role of plasma proteins.* Proceedings of the Nutrition Society (London), 38(1), May 1979, 51-59. Engl. Refs.

Three-hundred-and-twentieth Scientific Meeting of the Nutrition Society, London, UK, 7-8 Sep 1978.

See also entries 7172, 7192, 7207, 7221, 7240, 7248, 7567, and 7611.

This 1st of 4 papers on protein-energy malnutrition reexamines the theory that hypoproteinaemia is significant in edema pathogenesis in kwashiorkor. The authors study the relationship between plasma protein concentration and colloid osmotic pressure as well as changes in plasma protein concentration during loss of edema. Although they do not suggest that edema formation can occur without sodium and water retention, they conclude that hypoproteinaemia can lead to situations where sodium and water retention will cause severe edema. (FM)

7174 **Creissen, M.** *Malnutrition et développement de l'enfant. (Malnutrition and child development).* Développement et Santé (Paris), (27), 1980, 10-14. Fren.

The author defines various types of malnutrition, including marasmus, kwashiorkor, vitamin deficiencies, endemic goitre, and nutritional anaemia. The effects of malnutrition on child growth and development include low birth weight and slow growth as well as mental retardation. In addition, malnourished children are much more susceptible to disease and infection. In conclusion, the author describes various aspects of child development, distinguishing between physical growth (height and weight) and maturation (development of bone structure, teeth, nervous system, and body immunities against infection). She underlines the infant's need for water, which is particularly acute up to the age of 3 years. (FM)

7175 **Darabi, K.F., Phillber, S.G., Rosenfield, A.** *Perspective on adolescent fertility in developing countries.* Studies in Family Planning (New York), 10(10), Oct 1979, 300-303. Engl. 10 refs.

Although adolescent fertility in developing countries is declining, age-specific rates remain extremely high relative to those in the developed world. Widely varying levels of adolescent fertility, the health and social consequences of early child-bearing, and the low priority given to providing special information, education, and communication programmes for potential adolescent acceptors of contraception are discussed. (DP-E)

7176 **Daza, C.H., Lechtig, A.** *Programs to improve the nutrition of pregnant and lactating women.* Bulletin of the Pan American Health Organization (Washington, D.C.), 14(1), 1980, 22-34. Engl. 34 refs.

Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana*, 1980.

Steps for developing programmes to improve the nutritional status of pregnant and lactating women in Latin America are outlined. An analysis of the current situation, including a food and nutrition assessment, should take into account the many interrelated sociocultural, demographic, and health aspects. Defining objectives must be based on recommended dietary allowances for the specific country and population group involved, keeping in mind the feasibility of obtaining certain foods. Identifying resources involves determining the responsibilities of various categories of health personnel. Finally, effective implementation of the programme requires adequate supervision, community participation, and quality control, while on-going evaluation allows for modifications to suit local needs. (FM)

7177 **Dearden, C., Harman, P., Morley, D.C.** *Eating more fats and oils as a step towards overcoming*

malnutrition. Tropical Doctor (London), 10(3), Jul 1980, 137-142. Engl. Refs.
The addition of fats and oils to weaning gruel, which is often bulky, increases not only energy content but also viscosity. Dietary constraints with regard to weaning diets in developing countries are discussed in terms of nutritional requirements, physiological suitability, cultural acceptability, and availability and cost. Statistical data are included. (DP-E)

7178 **Diamant, B.Z.** ***Role of environmental engineering in the preventive control of water-borne diseases in developing countries.*** Royal Society of Health Journal (London), 99(3), Jun 1979, 120-126. Engl. 23 refs.
This article restates the importance of water supply, sewage disposal, and vector control in the reduction of water-borne diseases, with particular reference to the developing countries. A number of WHO statistics are quoted to show that, in many parts of the world, insufficient attention is, as yet, being paid to these allied problems, which can best be attacked by passing suitable legislation. (DP-E)

7179 **Dunne, G.** ***Weanling diarrhea: an overview of its nutrition and public health importance.*** Indian Journal of Nutrition and Dietetics (Coimbatore, India), 16(4), Apr 1979, 103-113. Engl. 21 refs.
Although information on child mortality patterns in Southeast Asia is limited, calculations reveal that weanling diarrhea is the leading cause of infant deaths in that area. The author discusses the interaction between diarrhea and protein-energy malnutrition and associates both with an environment of poverty, poor hygiene, and inadequate water supplies. Bottle-feeding under unhygienic conditions is also a major factor in diarrhea and every effort must be made to promote breast-feeding. Proper diet and prompt rehydration in cases of children suffering from diarrhea will shorten the period of insufficient food intake and break the cycle leading to malnutrition and death. (FM)

7180 **Emond, R.T.** ***Lassa fever.*** Royal Society of Health Journal (London), 100(2), Apr 1980, 48-52. Engl. 28 refs.
Lassa fever foci have been identified in many West African countries. This article examines the disease's epidemiology, virology, pathology, clinical features, diagnosis, laboratory investigations, prognosis, and treatment. The assessment and isolation of suspected patients and public health measures are also discussed. (DP-E)

7181 **FAO, Rome.** ***Manila communiqué of the World Food Council; a programme of action to eradicate hunger and malnutrition.*** Food and Nutrition (Rome), 3(3), 1977, 22-25. Engl.
Five characteristics of an effective study for nutrition planning are outlined and 22 steps are listed for specific programmes designed to increase food production, improve and secure world food security, and improve the contribution of trade to the solution of food problems. Special agencies should be set up within the UN system to implement these programmes. (DP-E)

7182 **Farid, M.A.** ***Malaria programme—from euphoria to anarchy.*** World Health Forum (Geneva), 1(1/2), 1980, 8-22. Engl. 12 refs.
On the basis of his personal experience, the author traces the history of malaria control from 1936 up to the present with emphasis on WHO's global eradication programme-its early successes during the 1950s, its loss of momentum during the late 1960s, and the resurgence of malaria during the 1970s. He points out the seriousness and magnitude of the problem and argues in favour of reviving the global eradication programme in a revised form, the main characteristics of which are summarized. (HC-L)

7183 **Ferro, R., Barnaud, P., Carayon, A.** ***Tuberculose ostéo-articulaire chez l'africain. (Osteo-articular tuberculosis in Africa).*** Médecine Tropicale (Marseilles, France), 39(2), Mar-Apr 1979, 183-190. Fren.
General, clinical, and therapeutic features of osteo-articular tuberculosis in Africa, excluding vertebral localizations, are compiled from 81 records. Notable features include: a frequency lower than in expatriated Africans, indicating their special resistance when they live in their natural environment; frequently an easy diagnosis because of advanced infected foci with associated lesions; and surgical interventions (curettage, resection, arthroidesis) as frequent as in vertebral localizations. (Modified journal abstract)

7184 **Gandhigram Institute of Rural Health and Family Planning, Tamil Nadu, India.** ***Research activities 1964-1976: major findings and implications.*** Tamil Nadu, India, Gandhigram Institute of Rural Health and Family Planning, 1977. 131p. Engl.
Since its inception in 1959, the Gandhigram Institute of Rural Health and Family Planning, Tamil Nadu, India, has undertaken research in the following broad areas: methodological problems in programme implementation, with emphasis on extension techniques; measurement of the effects of social action programmes on fertility behaviour; training, with emphasis on job analysis as a basis for curriculum development, aptitude tests in the selection of candidates, and follow-up of trainees; and health activities. This monograph presents individual summaries of the 76 studies conducted by the Institute from 1964-1976. (HC-L)

7185 **Giraudeau, P., Degimay, J.** ***Place et importance de la chirurgie "spécialisée" dans un programme national de lutte contre la lèpre. (Place and importance of specific surgery in a national programme for leprosy control).*** Médecine Tropicale (Marseilles, France), 39(5), Sep-Oct 1979, 577-579. Fren. 16 refs.
In order to get a representative sample of the population, a survey was conducted of surgery performed on 183 leprosy patients in a rural district of the Republic of Mali. The data collected revealed that the number of specific surgical interventions can be correctly evaluated

by applying a ratio of 5.5% to the whole population. This easy evaluation is important for the management of any public health programme to control leprosy and could be used to determine manpower requirements in a given area. (Modified journal abstract)

7186 **Grové, S.S.** *Clinical and histological features of South West African cutaneous leishmaniasis.* South African Medical Journal (Cape Town), 53(18), 6 May 1978, 712-715. Engl. 12 refs.
The clinical and histological features of 18 cases of dermal leishmaniasis encountered in South West Africa are described and the epidemiology of the disease in this area is discussed. (HC-L)

7187 **Gueri, M.** *Role of the nutrition officer in disasters.* Cajanus (Kingston, Jamaica), 13(1), 1980, 28-41. Engl.
The role of the nutrition officer in the Caribbean during a disaster includes the following activities: advising on food supplies immediately after the disaster, assessing the nutritional needs of the affected population, calculating daily food rations and food needs for large groups, and monitoring the nutrition status of those affected. This paper offers some guidelines on fulfilling these functions. (HC-L)

7188 **Guyer, B., McBean, A.M.** *Epidemiology and control of measles in Yaoundé, Cameroun, 1968-1975.* International Journal of Epidemiology (Oxford, UK), 10(4), Dec 1981, 263-269. Engl. 27 refs.
Measles control, based on observations in Yaoundé, Cameroon, from 1968-1975, is discussed. A mass immunization campaign begun in 1970 had beneficial results, but only for 2 years. It is generally felt in Africa that early immunization is ineffective because of maternal immunity and too many cases appear if it is given too late. The authors recommend 9 months as a compromise age. They also hypothesize that the seasonality of measles depends on migration within the agricultural sector and not simply on rainfall patterns. Statistical data are included. (Modified journal abstract)

7189 **Hall, A.P.** *Malaria.* Royal Society of Health Journal (London), 100(2), Apr 1980, 57-61. Engl. 14 refs.
After tracing the life cycle of the mosquito, the author discusses the epidemiology, pathophysiology, clinical features, diagnosis, and management of different types of malaria. Other issues examined include treatment complications, preventive measures, problems of malaria control, airline transfer of patients, and requests from abroad for admission to the UK. (DP-E)

7190 **Harfouche, J.K.** *Breast feeding and the working mother.* Ekistics (Athens), 45(272), Sep-Oct 1978, 364-365. Engl. 13 refs.
This paper calls attention to the problem of providing adequate day-care facilities for the children of working mothers in the developing world and its implications—as yet, largely unknown—for the health and development of the infant and young child. (HC-L)

7191 **Hassenmia, W.A.** *Solving people's problems.* World Health (Geneva), Apr 1980, 26-29. Engl. Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.
Health services research seeks to identify ways and means of taking medical expertise, knowledge, and technology out of the laboratories, academic institutions, and pilot projects and applying it to the health problems of the people. Such research must be quick, inexpensive, and culture-specific. The Mariut study carried out by a WHO team in Egypt is presented as an example of effective health services research and some research topics (primary care, child mortality) are suggested. (DP-E)

7192 **Hay, R.W.** *Differential diagnosis of protein-energy malnutrition: implications for prevention.* Proceedings of the Nutrition Society (London), 38(1), May 1979, 99-108. Engl. 11 refs.
Three-hundred-and-twentieth Scientific Meeting of the Nutrition Society, London, UK, 7-8 Sep 1978.
For complete document see entries 7172, 7173, 7207, 7221, 7240, 7248, 7567, and 7611.
This paper presents a framework for a differential diagnosis of malnutrition that takes into consideration individual, household, community, economic, political, and physical factors in order to yield the following information: a list of the causes that are contributing to the nutrition problem of an area, their relative importance, their position in the cause and effect sequence, the identity of the households that are affected, and the severity of the problem. It is intended to provide a precise basis for policies, management, and interventions to prevent malnutrition. (HC-L)

7193 **Heron, A.** *Planning early childhood care and education in developing countries.* Paris, Unesco, International Institute for Educational Planning, Fundamentals of Educational Planning Series No. 28, 1979. 98p. Engl. 29 refs.
Reasons for and ways of providing early childhood care and education are the main topics of this book. After discussing the needs of the young child, the relation between care and education, and the background of family, community, and society, the author gives a brief historical account of the development of early childhood care and education and then deals at length with practical problems and the organizational, administrative, and pedagogical measures that can be taken. An appendix gives examples of what has been accomplished in this field in a number of countries. (DP-E)

7194 **Indian Journal of Medical Sciences, Bombay.** *Indian Journal of Medical Sciences.* Bombay, India, Indian Journal of Medical Sciences. Engl.
This monthly journal contains articles and reports on medical research by Indian scientists, book reviews, national and international news related mainly to medical

discoveries, a practitioner's section, abstracts of articles from foreign and other Indian medical journals, and answers to questions apparently sent in by readers. (DP-E)

7195 **Jelliffe, D.B., Jelliffe, E.F.** *Maternal-channelled infant feeding.* Food and Nutrition (Rome), 5(1), 1979, 9-17. Engl. Refs.

The authors suggest that proper feeding of the mother during pregnancy and lactation, preferably with locally available foods, will optimize the volume and composition of breast milk both as the sole food for the young baby and as a supplement. This approach avoids the economic, infective, and distributive complexities of introducing cow's milk and bottle-feeding unnecessarily and also helps to retard the decline in breast-feeding on a community basis. (Modified journal abstract)

7196 **Jordan, A.M.** *Trypanosomiasis control and land use in Africa.* Outlook on Agriculture (Bracknell, UK), 10(3), 1979, 123-129. Engl. Refs.

The impact of trypanosomiasis on life in Africa is discussed. Topics covered include the eradication and control of the tsetse fly, the influence of trypanosomiasis on land use, the influence of human populations on tsetse populations, the effects of tsetse control campaigns on land use, and the prospects for the future. The author argues that the tsetse fly is neither "the greatest menace to the development of tropical Africa," causing disease to humans and livestock, nor a "blessing in disguise," preserving much of Africa from overgrazing and land degradation. (DP-E)

7197 **Journal of Biological Standardization, London.** *Summary of the IABS Congress on Standardization and Use of Vaccines in the Developing World.* Journal of Biological Standardization (London), 6(4), Oct 1978, 351-358. Engl.
International Association of Biological Standardization Congress on Standardization and Use of Vaccines in the Developing World, London, UK, 18-20 Apr 1978.

Summaries of the conclusions of papers presented at this 1978 IABS congress cover: diphtheria, tetanus, and pertussis vaccines; miscellaneous bacterial vaccines; poliovirus vaccines; miscellaneous viral vaccines; problems related to vaccines and vaccination programmes in developing countries; and veterinary vaccines. Papers in the section on developing countries evaluated existing vaccination programmes, discussed the responsibility of government authorities in the quality control of vaccines, and made recommendations for implementing vaccination programmes. (DP-E)

7198 **Khodakevich, L.M., Tekeste, Y.** *Eradication of smallpox.* Ethiopian Medical Journal (Addis Ababa), 17(2), 1979, 49-53. Engl. 15 refs.

A global smallpox eradication programme concentrating on mass vaccination was begun in 1958 under WHO auspices. In 1967, when 42 countries were still reporting endemic smallpox, the campaign was intensified, with emphasis on surveillance and containment. Smallpox was successfully eradicated in South America in 1971 and in Asia in 1975; in Africa eradication is projected for 1979. Safeguards against premature certification and other possible sources of pox virus are described. (DP-E)

7199 **Kuakuvi, N.K., Idohou, M., Kessié, F., Sanokho, A., Senghor, G.** *Tuberculose abdominale de l'enfant à Dakar: problèmes diagnostiques. (Abdominal tuberculosis in children in Dakar: diagnostic problems).* Médecine d'Afrique Noire (Paris), 26(5), May 1979, 397-402. Fren. 17 refs.

Abdominal tuberculosis is still encountered in many developing countries. With reference to 122 cases in children aged 2-5 years at a pediatric service in Dakar, Senegal, this paper discusses the merits of various diagnostic investigations in its identification. (HC-L)

7200 **Kumar, A.** *Disease pattern seen in a general practitioner's rural clinic in northern Uttar Pradesh.* Journal of the Indian Medical Association (Calcutta, India), 73(11), 1 Dec 1979, 187-190. Engl.

The morbidity pattern, by age group and sex, of 5 247 patients seen from 1971-1975 in a general practitioner's clinic in rural Uttar Pradesh, India, is reported. Common illnesses such as upper respiratory tract infections, diarrhea, skin diseases, etc., were found to predominate; 38% of the patients did not return for follow-up and only 5.7% agreed to undergo laboratory or other investigations. In the light of these findings, it is suggested that medical education place more emphasis on the teaching of common diseases and their complications and on making clinical diagnoses without the help of sophisticated laboratory or other investigations. Statistical data are included. (HC-L)

7201 **Küstner, H.G.** *Trends in four major communicable diseases.* South African Medical Journal (Cape Town), 55(2), 21 Mar 1979, 460-473. Engl. 9 refs.

The offical notifications of the South African Department of Health pertaining to typhoid fever, tuberculosis, poliomyelitis, and malaria are reviewed. Major findings of the epidemiological analysis of the data include the need for establishing the exact mode of transmission of typhoid, the need for assessing upper and lower limits of the expected case load in respect to tuberculosis over the next 5-10 years, the demonstration of the dramatic decline in the number of cases of poliomyelitis, and the equally dramatic upsurge of malaria in 1977 and 1978. The need for an integrated, responsive, and fully coordinated epidemiological service for the Republic of South Africa is emphasized. (Modified journal abstract)

7202 **Lancet, London.** *Infant feeding: code of maketing practice.* Lancet (London), 1(8180), 7 Jun 1980, 1239-1240. Engl.

WHO has endorsed an international code for marketing infant feeding products that is based on three principles: 1) production, storage, distribution, and advertising of

these products should be subject to national legislation; 2) information on infant feeding should be provided by the health care system; and 3) products should meet international standards of quality. The ineffectiveness of voluntary controls is demonstrated by some 200 alleged violations of WHO recommendations concerning infant feeding by 19 companies in 33 countries in the 1st 4 months of 1980. (DP-E)

7203 **Manciaux, M.** *Gesundheit der Kinder in der Dritten Welt. (Health of Third World children).* Öffentliche Gesundheitswesen (Stuttgart, Germany FR), 41(1), 1979, 7-12. German.

The author compares child health problems in industrialized and developing countries. While psychosocial problems predominate in the developed countries, malnutrition is the major problem in poor areas. Control of fertility is one solution to problems caused by overpopulation, but results are slow and difficult to achieve. A sizeable decrease in infant mortality must accompany a reduction in the birthrate. The mere transfer of technology from rich to poor countries has proved to be both ineffective and inadequate. Recent primary care experiments encouraged by WHO and UNICEF offer some hope for the future. (Modified journal abstract)

7204 **McIntosh, C.E.** *Food and nutrition problems associated with natural disasters.* Cajanus (Kingston, Jamaica), 13(1), 1980, 18-27. Engl.

This paper reviews the food and nutrition situation in the Caribbean, discusses the likely consequences of a disaster on the same, and strongly recommends the formulation and implementation of food and nutrition programmes that incorporate objectives and administrative mechanisms to deal with problems of food shortage and maldistribution in times of disaster. (HC-L)

7205 **Meegama, S.A.** *Cholera epidemics and their control in Ceylon.* Population Studies (London), 33(1), 1979, 143-156. Engl.

This paper traces the history of cholera and its management in Sri Lanka (formerly Ceylon) from the mid-19th to the mid-20th century. Cholera, which is not endemic to Sri Lanka, was generally imported via Indian labourers; early efforts therefore focused on preventing its entry and containing all outbreaks. It was, however, the gradual development of public health services that was responsible for the steady decline in the disease from the turn of the century onward. Statistical data are included. (HC-L)

7206 **Melnick, J.L.** *Polio—a controllable disease.* World Health (Geneva), Nov 1980, 18-21. Engl. Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The author first examines the history of poliomyelitis research and traces the development of vaccines to control the disease. Widespread use of vaccines has brought poliomyelitis under almost complete control in most developing countries, although sporadic outbreaks have occurred among groups refusing vaccines on religious grounds. However, there are still more than 70 countries where polio has not been controlled, with tens of thousands of cases reported each year. These countries are faced with economic and logistic problems in providing sufficient doses of vaccine to large numbers of people. It is hoped that WHO's Expanded Programme on Immunization, with its emphasis on technical cooperation between developed and developing countries, will help reach the goal of immunizing every child in the world by 1990. (FM)

7207 **Millward, D.J.** *Protein deficiency, starvation and protein metabolism.* Proceedings of the Nutrition Society (London), 38(1), May 1979, 77-88. Engl. Refs.

Three-hundred-and-twentieth Scientific Meeting of the Nutrition Society, London, UK, 7-8 Sep 1978.

See also entries 7172, 7173, 7192, 7221, 7240, 7248, 7567, and 7611.

The final paper of the session on protein-energy malnutrition reviews the effects of malnutrition on whole body protein turnover, indicating a relationship between the rate of protein turnover and the efficiency of protein utilization. The author also studies protein metabolism in muscle tissue and the liver, examing the regulation of muscle protein content, replacement, and balance, as well as the metabolic significance of muscle wasting in malnutrition. (FM)

7208 **Mojumdar, N.G.** *Archives of child health.* Calcutta, India, Sourav Printers. Engl.

This publication, subtitled "a bimonthly journal devoted to the whole child," contains original papers on clinical and epidemiological aspects of pediatrics in India, studies related to the delivery of health care, book reviews, newsworthy items, and reprints or abstracts of relevant articles on child health from current world medical literature. (HC-L)

7209 **Muller, M.** *Engineer in the control of schistosomiasis.* Progress in Water Technology (Oxford, UK), 11(1/2), 1978, 167-172. Engl. 14 refs.

The approach to schistosomiasis control in three irrigation schemes in Egypt and the Sudan is described. Engineering approaches that might have aided control but were not adopted are discussed. These include redesign of minor canal sections and associated changes in project operation at the field level. Reasons for the failure to consider these options are examined. Design parameters for the guidance of engineers at the scheme stage are proposed. A plea is made for experimental trials of engineering modifications in new irrigation systems. (Modified journal abstract)

7210 **Muñoz, N., Agasso, A., López Persico, S., Riso, S.** *Health care for children in Argentina.* International Nursing Review (Geneva), 26(5), Sep-Oct 1979, 150-152. Engl.

After reviewing basic demographic data, the authors examine maternal child health in Argentina. The overall infant death rate is 44.4%, with the principal causes of mortality being infectious/parasitic diseases and perina-

tal pathologies. Although malnutrition accounts for only 5% of all deaths, nutritional deficiency is a contributing factor in as many as 57%. A national programme to improve maternal child health was established in 1975. Its goals for 1980 include the provision of health care to 50% of pregnant women, an increase in care to women giving birth in institutions, and the provision of health care to at least 60% of children aged less than 5 years, who are considered high-risk. The role of nurses in maternal child health services is also discussed. (FM)

7211 **Narkavonnakit, T.** *Abortion in rural Thailand; a survey of practitioners.* Studies in Family Planning (New York), 10(8/9), Aug-Sep 1979, 223-229. Engl. 11 refs.

Eighty-one abortion practitioners in 51 rural and semirural districts of Thailand were interviewed regarding their procedures, clientele, case-load, and socioeconomic and personal characteristics. On the basis of these interviews, it is estimated that some 300 000 illegal abortions are performed annually in rural Thailand. The author suggests that liberalized abortion laws might permit the extension of safe therapeutic abortions—perhaps through the deployment of trained nurses—to these women and that efforts could be made to integrate the abortion practitioners into the family planning programme. (HC-L)

7212 **Nossal, G.** *Global and regional strategy.* World Health (Geneva), Apr 1980, 20-25. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The main obstacles to national health research programmes in developing countries are lack of career structure, difficulties in obtaining supplies, poor training programmes, and lack of communication with scientists in other countries. Some regional research efforts that WHO has encouraged in the Western Pacific are briefly described. (DP-E)

7213 **Ogunmekan, D.A., Bracken, P., Marshall, W.C.** *Seroepidemiological study of measles infection in normal and handicapped persons in Lagos, Nigeria.* Journal of Tropical Medicine and Hygiene (London), 84(4), Aug 1981, 175-178. Engl. Refs.

A measles antibody survey carried out in Lagos (Nigeria) among children of various ages showed that there was 100% immunity at birth but that the level fell rapidly to a low point of 5% at 7-8 months of age. Thereafter, immunity rose gradually, reaching 100% in children aged more than 10 years. The findings suggest that measles vaccination can be given from the age of 6 months onwards, although this recommendation needs to be confirmed by further studies. Similar studies of handicapped children were inconclusive. Statistical data are included. (Modified journal abstract)

7214 **Omawale** *Nutritional significance of root and tuber crop development as staples in the Caribbean community.* Archivos Latinoamericanos de Nutrición (Caracas), 29(3), Sep 1979, 311-325. Engl. Refs.

The author describes the competition between cereals and root crops as staple foods in the Caribbean diet. Substitution of locally grown foods for imported wheat favours root crop development in the region. However, traditional nutrition-prompted objections to wheat substitution are examined. The author defends the protein adequacy of most root crops for all humans except some infants. The low protein in cassava and plantain can easily be overcome in the process of local root crop development. Finally, he cites the potential of obtaining cheap calories from root crops. This, as well as the generation of economic activity among small farmers, is seen as a possible indicator of good nutrition for the region in the future. (Modified journal abstract)

7215 **Omer, A.H.** *Schistosoma mansoni* infection in the Sudan: the magnitude of the problem and the means whereby this disease may be controlled. In Wood, C., Rue, Y., eds., Health Policies in Developing Countries, London, Royal Society of Medicine, International Congress and Symposium Series, No. 24, 1980, 141-146. Engl.
For complete document see entry 7244.

The social, ecological, and environmental conditions affecting schistosomiasis prevalence in three different areas of the Sudan are briefly reviewed. Recommended disease control methods, depending upon characteristics of each area such as geography and irrigation systems, include molluscicides and chemotherapy. Statistical data are included. (DP-E)

7216 **OMS, Génève.** *Programa ampliado de inmunizaciones de la OMS. (WHO's expanded immunization programme).* Salud Pública de México (Mexico City), 21(3), May-Jun 1979, 231-233. Span.
Reprinted from *Crónica de la OMS* (Geneva), 33, 1979, 144-146.

Immunization of all children in the world against diphtheria, whooping cough, tetanus, measles, poliomyelitis, and tuberculosis by 1990 is the aim of WHO's Expanded Immunization Programme. This paper describes the medium- and long-term goals of the programme; the role of national, regional, and international efforts in its implementation; and the sources of funding available for its realization. (HC-L)

7217 **Osuntokun, B.O.** *Third World needs.* World Health (Geneva), Apr 1980, 6-9. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The author identifies epidemiology and health services as the two areas of research most suitable for the scanty research funds and facilities available in developing countries. Epidemiological research should concentrate on community diagnosis and the pattern of disease outside the hospitals, while health services research should deal with the best way to carry out activities such as immunization programmes, oral rehydration, preventive health care, malaria treatment, community management of malaria and high blood pressure, etc. (DP-E)

7218 **Osuntokun, B.O.** *Management of epilepsy in developing countries.* Nigerian Medical Journal (Lagos), 9(1), Jan 1979, 1-11. Engl. Refs.

A shortage of health personnel trained in clinical neurosciences makes epilepsy an important medical problem in developing countries. With special reference to Africa, the author discusses diagnosis and treatment of the disease in detail, noting some special cases. He considers the social problems of the epileptic and concludes by presenting a number of recommendations for helping epileptics, including the use of long-acting anticonvulsants to offset the high default rate. Some statistical data are included. (DP-E)

7219 **Oyakhire, G.K.** *Environmental factors influencing maternal mortality in Zaria, Nigeria.* Royal Society of Health Journal (London), 100(2), Apr 1980, 72-74. Engl.

Major environmental factors influencing maternal mortality in Zaria, Nigeria, include cultural practices such as early marriage and refusal to permit blood transfusions or necessary operations, religious beliefs, lack of health education, low socioeconomic status, communication problems, housing, sanitation, and water supply. Some government attempts to solve these problems are described. (DP-E)

7220 **Pan American Health Organization, Washington, D.C.** *Strategies for extending and improving potable water supply and excreta disposal services during the decade of the 1980s.* Washington, D.C., Pan American Health Organization, Scientific Publication No. 390, 1977. 47p. Engl. Refs. Twenty-sixth Meeting of the Directing Council of the Pan American Health Organization, 31st Meeting of the Regional Committee of the World Health Organization for the Americas, Washington, D.C., 28 Sep 1979.

This report presents the participants' conclusions regarding policies, management, human resources, technology, and financing relevant to the provision of water supply and sanitation services in the Americas during the eighties. Annexes contain: background papers on the current situation and future directions of water supply and sanitation programmes; country reports on such programmes in Brazil, Colombia, and Venezuela; and a selected bibliography on water supply and sanitation containing some 70 references. (HC-L)

7221 **Patric, J.** *Oedema in protein energy malnutrition: the role of the sodium pump.* Proceedings of the Nutrition Society (London), 38(1), May 1979, 61-68. Engl. Refs.

Three-hundred-and-twentieth Scientific Meeting of the Nutrition Society, London, UK, 7-8 Sep 1978.

See also entries 7172, 7173, 7192, 7207, 7240, 7248, 7567, and 7611.

This 2nd symposium paper on protein-energy malnutrition examines the role of the sodium pump in the physiology of sodium (Na) reabsorption by the kidney, as well as membrane permeability to Na and potassium (K). Studies of body composition in severe malnutrition show that Na transport is disturbed in such cases and that impairment of the Na pump reduces intracellular K and increases intracellular Na. Membrane permeability to Na is dramatically increased in kwashiorkor and further investigations will study the causes of alterations in permeability. Such studies could result in the discovery of dietary means to alter membrane transport and correct nutritional oedema. (FM)

7222 **Quarcoopome, C.O., Pararajasegaram, R., Wilson, J.** *Needless tragedy.* World Health (Geneva), Jan 1980, 8-13. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

World Health interviews three leading specialists in blindness prevention about the causes and extent of blindness in the developing world, the resources needed to counteract it, and the steps being taken to develop a global programme of blindness control. (HC-L)

7223 **Rahaman, M.M.** *Aetiological and epidemiological considerations on weanling diarrhoea.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 16(4), Apr 1979, 114-119. Engl. 20 refs.

In outlining the aetiology of diarrheal illness, the author discusses classical pathogens and newer aetiologic agents. The 1st group includes bacteria such as shigella, salmonella, *Vibrio cholerae*, staphycoccal enterotoxins causing food poisoning, and viruses and parasites such as *Entamoeba histolytica* and *Giardia lamblia*. Noninfectious causes of diarrhea include lactose deficiency, disturbance of bile salt metabolism, and parenteral diarrheas. Newer diagnostic techniques have helped isolate enterotoxigenic strains of *E. coli* and rotavirus, two of the leading causes of diarrhea. (FM)

7224 **Rao, K.S.** *Attitudes to women and nutrition programmes in India.* Lancet (London), 2(8156/8157), 22-29 Dec 1979, 1357-1358. Engl. 16 refs.

The author suggests that the wisdom of India's network of nationwide supplementary nutrition programmes for pregnant and lactating mothers, wherein the woman is seen only in the role of a mother, needs to be reviewed. Only when it is appreciated that motherhood is just one aspect of female life can deliberate attempts be made to ensure participation of women in development activities, which in turn will enhance their social and economic utility. Statistical data supporting this point of view are presented. (DP-E)

7225 **Riverón Corteguera, R., Valdés Lazo, F., Rodríguez Castro, R.** *Salud maternoinfantil en Cuba: situación actual y perspectivas. (Mother and child health in Cuba: the present situation and future prospects).* Revista Cubana de Pediatría (Havana), 50(5), Sep-Oct 1978, 407-423. Span. 30 refs.

This paper describes the development of maternal and child health services in Cuba from the early 1960s and their impact on various health and demographic indica-

tors. It then summarizes, in 16 points, the country's future strategy for maternal and child health. Statistical data are included. (HC-L)

7226 **Rohatgi, S.** *Economic aspects of health policy in developing countries.* In Wood, C., Rue, Y., eds., Health Policies in Developing Countries, London, Royal Society of Medicine, International Congress and Symposium Series, No. 24, 1980, 49-52. Engl.
For complete document see entry 7244.
Disease prevention is stressed as the most economical approach to disease control in India and other developing countries. Preventive measures are briefly outlined in the areas of housing, drinking water, nutrition, hygiene, vector control, immunization, drugs, health manpower training, and research. (DP-E)

7227 **Rohde, J.E.** *What can we do about weanling diarrhoea, how to do it.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 16(4), Apr 1979, 127-144. Engl. 17 refs.
After discussing the aetiology of weanling diarrhea, the author describes a strategy for a community-based, cheap, and practical programme aimed at controlling this disease. This strategy emphasizes breast-feeding, the need for growth monitoring, proper diet during illness, new cooking patterns so that children eat only freshly prepared foods, special attention to low-birth-weight babies, family planning programmes so that each mother has only one weanling at a time, environmental sanitation, early rehydration, appropriate research, and proper training for health professionals. Examples are given from Indonesia and statistical data are included. (DP-E)

7228 **Sadoler, B.C.** *Schistosomiasis in Benin.* In Wood, C., Rue, Y., eds., Health Policies in Developing Countries, London, Royal Society of Medicine, International Congress and Symposium Series, No. 24, 1980, 147-149. Engl.
For complete document see entry 7244.
The epidemiology of schistosomiasis in Benin is discussed and recent epidemiological studies are briefly reviewed. (DP-E)

7229 **Salzler, A.** *In Korea sind die Kinder die Konige des Landes. (In Korea children are the kings of the land).* Zeitschrift für die gesamte Hygiene (Berlin, Germany FR), 25(6), Jun 1979, 490-492. German.
In the Korean People's Democratic Republic, nurseries accept infants from the age of 8 weeks. Since 1976, state-run nurseries and kindergartens, some of which have room for 1 000-1 500 children, are obligatory and free of charge. Monthly medical check-ups are conducted by the doctor or nutrition specialist on staff. Gymnastics, dance, sports, music, and theatre are important subjects in the nursery; children learn to read music as early as age 3 years. The government provides parks and playgrounds, assumes responsibility for orphans, assures special care for children of large families, and regulates cultural and social upbringing. Following 4 years of nursery and 1 year of kindergarten, children attend 4 years of primary and 6 years of secondary school. (EB)

7230 **Scrimshaw, N.S.** *World food and nutrition problems up-dated.* Philippine Journal of Nutrition (Manila), 30(2), Apr-Jun 1977, 72-86. Engl. United Nations University-International Institute of Tropical Agriculture Workshop on Interface of Nutrition and Agriculture, Hadan, Nigeria, 14-16 Dec 1976.
A combination of rapid population growth and increased *per capita* demand for food is causing even greater food shortages in developing countries. The nutritional and social consequences are widespread and include growth retardation, high mortality, blindness, lower intelligence, and lower productivity. Factors that will affect future food supplies include the availability of land and water, high cost of fertilizer and pesticides, energy supplies and cost, and long-term climatic changes. At present, there is a lack of political will and trained manpower to apply existing knowledge to counteract these factors and solve the problem of global hunger and malnutrition. (FM)

7231 **Sen Gupta, P.N.** *Malnutrition, fertility and family planning.* Journal of the Indian Medical Association (Calcutta, India), 72(8), 16 Apr 1979, 194-199. Engl. Refs.
After examining the relationship between fertility and malnutrition in developing countries, the author concludes that undernutrition decreases rather than increases fertility rates by contributing to pregnancy failure and infant mortality, while improved nutrition without subsequent family planning is bound to result in higher birthrates. Consequently, he recommends for India a family planning programme that not only limits family size to three children but also ensures the survival of those children with contiguous nutrition programmes for both mother and child. Statistical data are included. (DP-E)

7232 **Shimao, T.** *Tuberculosis as a world-wide problem.* Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 10(4), Dec 1979, 627-629. Engl.
This paper points out the importance of tuberculosis as a public health problem in the developing world and briefly discusses the essential elements of a national tuberculosis control programme. (HC-L)

7233 **Sigg-Farner, C.** *Tropenmedizinische Probleme von Schwangerschaft und Geburt. (Medical problems of pregnancy and childbirth in the tropics).* Therapeutische Umschau (Bern, Switzerland), 36(3), 1979, 211-215. German.
Guidelines for antenatal care in tropical zones are presented. The physician is advised not to vaccinate with live vaccines, that untreated malaria may cause abortion, that many non-acute diseases should not be treated during pregnancy, etc. Recommendations concerning drugs are also made. (DP-E)

7234 **Silmes, M.A., Hallman, N.** *Perspective on human milk banking, 1978.* Journal of Pediatrics (St. Louis, Mo.), 94(1), Jan 1979, 173-174. Engl.
A service for collecting human milk for feeding premature infants has been in operation at the Helsinki Children's Hospital, Finland, since 1930. Their approaches to collecting, screening, and storing milk will help other hospitals establish similar services. Mothers leave their milk at participating grocery stores throughout the city. About 5%-10% of the milk is rejected after screening for bacterial contamination. Although there is some controversy over the best method of processing human milk for storage, the hospital considers heat treatment to be the most practical. Unresolved questions concern the optimal conditions for freezing and heating and the maximum allowable duration of storage. (FM)

7235 **Simpson, D.I.** *Marburg/Ebola/haemorraghic fevers.* Royal Society of Health Journal (London), 100(2), Apr 1980, 52-56. Engl. 38 refs.
This classification scheme groups haemorrhagic fevers by mode of transmission. Mosquito-borne viruses include Chikungunya, dengue, Rift Valley, and yellow fevers; Crimean and Omsk haemorrhagic fevers and Kyasanur forest disease are tick-borne viruses; and among the zoonotic viruses are found Junin and Machupo viruses and the agents of Lassa fever and Marburg and Ebola virus diseases. The epidemiology of each type is discussed. (DP-E)

7236 **Soper, S.** *Fight against malaria isn't over.* Agenda (Washington, D.C.), 3(1), Jan-Feb 1980, 10-13. Engl.
Following a massive eradication programme in the 1950s and 1960s, which greatly reduced the prevalence of malaria, the incidence of the disease is again increasing. The author reviews the history of malaria control programmes, with particular emphasis on the role of US AID. In cooperation with WHO, this agency is involved in spraying, training health workers, and research and development of new techniques of vaccination. If the battle against malaria is to succeed, current control programmes must be maintained and countries must support research into new methods. (FM)

7237 **Umoh, J.U., Belino, E.D.** *Rabies in Nigeria; a historical review.* International Journal of Zoonoses (Taipei), 6(1), 1979, 41-48. Engl. 44 refs.
The epidemiological history of rabies in Nigeria is briefly traced and control measures are recommended. (DP-E)

7238 **Valmary, J., Capdeville, P., Thonnier, C., Coignard, A., Boudon, A.** *Fièvre typhoïde à Tananarive; à propos de 200 observations. (Typhoid fever in Tananarive; a review of 200 cases).* Médecine Tropicale (Marseilles, France), 39(4), Jul-Aug 1979, 405-414. Fren. 38 refs.
The authors present the results of a clinical and biological study of 200 cases of typhoid fever in Tananarive, Madagascar. Results showed that the conventional clinical form is still prevalent because patients have no immunity and report too late to the hospital. Main complications involve the heart and the digestive tract. Haemoculture is the main clue for diagnosis. Biochemical and specifically enzymatic unconventional data that have been recently reported are frequently observed. In conclusion, the authors note that no resistance to chloramphenical has yet been detected in Tananarive. (Modified journal abstract)

7239 **Villod, M.T., Raimbault, A.M., Guérin, N.** *Diarrhoeic diseases in small children.* Children in the Tropics (Paris), (120), 1979, 2-37. Engl.
Following a brief introduction on the necessity of international, national, and local action to control acute diarrhea in children, the authors discuss the epidemiology of the disease, emphasizing the relationship between diarrhea and poor nutrition. Other main causes include viruses, bacteria, and parasites. Diarrheic diseases are divided into two types: bacterial diseases, which include cholera, shigellosis, and salmonellosis, and parasitic diseases, which include lambliasis and amoebiasis. Improved personal hygiene and sanitation are advocated as the most effective means of controlling diarrhea. The authors conclude by outlining the role to be played by health centres in treating diarrheic disease, in promoting health, nutrition, and hygiene, and in training village health agents. (FM)

7240 **Waterlow, J.C.** *Childhood malnutrition—the global problem.* Proceedings of the Nutrition Society (London), 38(1), May 1979, 1-9. Engl. 30 refs.
Three-hundred-and-twentieth Scientific Meeting of the Nutrition Society, London, UK, 7-8 Sep 1978.
See also entries 7172, 7173, 7192, 7207, 7221, 7248, 7567, and 7611.
This paper discusses the extent of protein-energy malnutrition (PEM) in the world, the prevalence of child PEM as indicated by child mortality, the assessment of childhood PEM (weight:height vs. weight:age), the physiological effects of PEM (wasting and stunting), and the purpose of gathering such information. (HC-L)

7241 **WHO, Geneva.** *Epidemiology and control of schistosomiasis; report of a WHO expert committee.* Geneva, WHO, WHO Technical Paper No. 643, 1980. 63p. Engl. 21 refs.
The 1st part of this WHO report on schistosomiasis covers the epidemiology of the parasite, the snail intermediate host, and human infection. The 2nd part, on the control of the disease, reviews the general situation, progress in selected national control programmes, control tools and techniques, factors influencing the choice of control methods, and control evaluation. Training is discussed in part 3, while part 4 presents conclusions concerning schistosomiasis control feasibility, strategy, and policies. Recommendations are included in part 5. (DP-E)

7242 **WHO, Geneva.** *African trypanosomiases; report of a joint WHO expert committee and FAO*

expert consultation. Geneva, WHO, WHO Technical Report Series No. 635, 1979. 96p. Engl.

This WHO/FAO report on African trypanosomiasis covers the disease's geographical distribution and prevalence, parasitology, epidemiology, epizootiology, diagnosis, pathology and immunopathology, surveillance, chemotherapy and chemoprophylaxis, vector control, planning and costing, training, research and training needs, and recommended priorities in research and training. Appendices contain additional information on diagnostic and treatment techniques, costs, etc. Statistical data are included. (DP-E)

7243 **Wolman, A.** *Health and the environment*. Bulletin of the Pan American Health Organization (Washington, D.C.), 14(1), 1980, 6-14. Engl. Refs.

Also published in Spanish in *Boletín de la Oficina Sanitaria Panamericana*.

Both rural and urban areas of developing countries continue to suffer serious health problems arising from poor sanitation, particularly the absence of adequate water supplies and human waste disposal methods. Enteric disease is still the main cause of morbidity and mortality in many countries. In addition, new health hazards have arisen from the development process itself, in the form of chemical, physical, and biological pollutants. In most cases, solutions to these problems are possible but require strong government commitment and public acceptance. Multidisciplinary research is needed to study the increasing number of environmental hazards and protective measures must be adapted to local conditions. Research priorities include drinking water contaminants, air contaminants, and cancer-causing agents in the environment. (FM)

7244 **Wood, C., Rue, Y.** *Health policies in developing countries*. London, Royal Society of Medicine, International Congress and Symposium Series No. 24, 1980. 200p. Engl. Refs.

International Symposium on Health Policies in Developing Countries, Burse, Belgium, 20-21 Apr 1979.

See also entries 7016, 7056, 7065, 7086, 7097, 7134, 7165, 7215, 7226, and 7228.

Papers, or abstracts of papers, presented at the symposium are grouped under the following headings: health education problems in developing countries, organizational aspects of health policies in developing countries, economic aspects of health policy in developing countries, problems of fundamental and applied research in developing countries, zoonoses and soil-transmitted nematodes, fungal diseases in tropical countries, schistosomiasis, and filariasis. (HC-L)

7245 **Yasuraoka, K.** *Schistosomiasis and water resource development*. Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 10(4), Dec 1979, 630-633. Engl.

Despite the fact that water resource projects in Egypt, Ethiopia, and the Philippines have resulted in the proliferation of schistosomiasis, experience in Japan has shown that with well-planned, persistent control measures-adequate swamp drainage, construction of cement-lined irrigation ditches, and reclamation and intensive cultivation of the land-this need not be the case. As a result, schistosomiasis is now on the wane and Japan may yet be the 1st country to achieve total eradication of the disease. Statistical data are included. (HC-L)

7246 **Zahra, A.** *WHO's communicable disease programme*. World Health (Geneva), Nov 1980, 3-5. Engl.

Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The author reports on the objectives and achievements of WHO's communicable diseases programme. The immunization programme, operated in cooperation with UNICEF, aims at reducing morbidity and mortality in developing countries from diphtheria, measles, poliomyelitis, whooping cough, tetanus, and tuberculosis. Diarrheal disease control is also an important aspect of child health programmes and oral rehydration therapy reduces the need for intravenous fluids. Acute respiratory infections, a major child health problem, are also the subject of a WHO control programme. The tuberculosis programme was one of the most important programmes when WHO was first established; it concentrates on early diagnosis, home treatment, and BCG vaccination. Leprosy control was another early WHO programme that has led to many important research discoveries. Other programmes include research on the control of sexually transmitted diseases and the prevention of blindness. (FM)

III Health Care Implementation

III.1 Inpatient Care

See also: 7052, 7086, 7273, 7281, 7317, 7324, 7344, 7367, 7587, 7671.

7247 **Asuzuoye, A.** *Nigerian nursing care and milieu therapy.* Nigerian Nurse (Lagos), 11(2), Apr-Jun 1979, 43-46, 49. Engl.

The principles of milieu therapy for mental patients are outlined and the difficulties in implementing this type of treatment in Nigeria examined. Factors that must be considered in milieu therapy include institutionalization, subcultural phenomena, institutional characteristics, and patient variables. Physical environment, desegregation of the sexes, permissiveness, communication, social control, role and identity, leadership roles, delegation of authority, the size of the hospital community, and staff factors also contribute to the success or failure of this type of treatment. (DP-E)

7248 **Ashworth, A.** *Progress in the treatment of protein-energy malnutrition.* Proceedings of the Nutrition Society (London), 38(1), May 1979, 89-97. Engl. 32 refs.

Three-hundred-and-twentieth Scientific Meeting of the Nutrition Society, London, UK, 7-8 Sep 1978.

For complete document see entries 7172, 7173, 7192, 7207, 7221, 7240, 7567, and 7611.

At the Tropical Metabolism Research Unit, Kingston, Jamaica, mortality among children admitted for protein-calorie malnutrition rarely exceeds 5% and the weight deficits of even the most severely malnourished children are generally corrected within 4-6 weeks. This paper details the management techniques and procedures responsible for these low death rates and speedy recoveries, including resuscitation, treatment, and rehabilitation. (HC-L)

7249 **Augais, R.** *Assistance psychiatrique au Sénégal. (Technical assistance in psychiatry in Senegal).* Médecine Tropicale (Marseilles, France), 41(3), May-Jun 1981, 265-271. Fren. 8 refs.

The traditional African attitude toward the mentally ill has been one of tolerance and healing efforts have focused on reestablishing a harmonious relationship between the individual and his sociocultural environment. This paper describes a programme in Senegal involving a psychiatric hospital, two psychiatric villages, and a mobile mental health unit that, like the traditional philosophy, aim to reintegrate the patients with society, even to the extent of encouraging them to consult with their traditional healers. It is hoped that the programme will help stem the unfortunate trend toward the Western practice of rejecting and institutionalizing the mentally ill. (HC-L)

7250 **Beyers, B.G.** *Health care of the elderly at Tygerberg Geriatric Clinic and Good Aftercare Hospital.* South African Medical Journal (Cape Town), 57(13), 29 Mar 1980, 492-494. Engl. 11 refs.

Fifty-second Congress of the Medical Association of South Africa, Durban, South Africa, 15-21 Jul 1979.

Problems related to health care of the elderly are discussed in the light of studies conducted at Tygerberg Geriatric Clinic and Goodwood Aftercare Hospital in South Africa. Tables illustrate the incidence of cardiovascular disease and results of treatment. Treatment at home, rehabilitation, and community care are the goals of an ideal geriatric service and staff are trained in all aspects of comprehensive care, health promotion, preventive and curative services, and rehabilitation. Religious problems are handled by hospital pastors and church organizations, while the Department of Psychiatry at Stikland Hospital deals with psychogeriatric problems. The clinic emphasizes a social network approach to geriatric care by maintaining close contact with the patient's community and immediate family. The paper concludes by emphasizing the need for research into two major problems of old age: atherosclerosis and senile dementia due to the loss of neurons. (FM)

7251 **Bianda, M., Mputo-Yamba, Mbandakulu, K.K., Disengomoka, I., Munhegerha, K.** *Considérations sur les perforations digestives infectieuses de l'enfant en milieu tropical. (Infectious digestive perforations in children in the tropics).* Médecine d'Afrique Noire (Paris), 26(2), Feb 1979, 121-124. Fren.

This paper summarizes the clinical characteristics, management, and outcome of 30 cases of intestinal perforation due to amoebiasis in children treated at the University Clinic, Kinshasa, Zaire. A high post-operative mortality is attributed to the generally advanced state of the condition and the presence of complicating factors (i.e., malnutrition and/or concurrent infections). The importance of early diagnosis for a successful outcome is stressed. (HC-L)

7252 **Cornish, P.J., Peters, G.D.** *Forward looking medical services in Dubai; maximization of central servicing improves sterile control.* East African Medical Journal (Nairobi), 56(8), Aug 1979, 396-398. Engl.

In the Gulf State of Dubai, a large Central Medical Services Complex has been built to meet the requirements of existing hospitals and clinics and those planned for the next decade. Today's hospitals need many specialized services to support their work, including the pharmacy, the sterile supply department, the laundry, the central stores, and the central engineering workshop. This article describes the sterile control facilities for the Central Pharmacy and the Central Sterile Services Department within the new Dubai complex. (Modified journal abstract)

7253 **Drever, B.** *Eye care in the Punjab.* Saving Health (London), 19(2), Jun 1980, 3-7. Engl.

For various cultural reasons, during 2 months each spring and 2 each autumn, the facilities of the Church of Scotland Shilokg Hospital, a 100-bed missionary hospital in Pakistan, are inundated by patients seeking treatment for eye diseases, with the result that 50% of the year's work takes place during these 4 months. Measures taken to deal with this influx of patients and hospital routine during this period are described. (DP-E)

7254 **Grenier, B.** *Déshydratation par diarrhée aiguë chez l'enfant; bases physiologiques et conduite de la réhydratation parentérale. (Dehydration following acute diarrhea in children; physiological basis and management of parenteral rehydration).* Annales de Pédiatrie (Paris), 26(1), 1979, 31-37. Fren.

After reviewing clinical symptoms and physiological data used to evaluate the water and electrolyte needs of patients suffering from dehydration following acute diarrhea, the author outlines a parenteral rehydration programme. The 1st step, lasting only 30-40 minutes, consists of an injection of a glucose solution to reestablish renal functions. The key phase of the programme requires 3-4 days and involves correcting the sodium deficiency, maintaining normal functions, and compensating for weight loss. The solution to be injected will depend on whether dehydration is hyper-, iso-, or hyponatraemic. The final stage is the convalescence period during which solid foods are reintroduced. (FM)

7255 **Hankins, G.W.** *Surgery in a mission hospital.* Annals of the Royal College of Surgeons of England (London), 62(6), Nov 1980, 439-444. Engl.

A member of the Royal College of Surgeons of England records some impressions gained during 42 months working in the department of surgery of a mission hospital in Kathmandu, Nepal. Particular reference is made to the striking differences in disease incidence, as brought out in a review of operative surgery for 1977. The author notes that the problems are staggering, especially in the face of the chronically depressed socioeconomic conditions; he feels that the community health worker is the best hope for improvement of health in the area. Some statistical data are included. (DP-E)

7256 **Leetch, R.** *In the bush at Ochadamu.* British Medical Journal (London), 280(6211), 9 Feb 1980, 387-388. Engl.

The author describes his experiences during 7 weeks spent assisting the senior doctor at Ochadamu Medical Centre in rural Nigeria. The centre is a village-like compound housing 30 British and Nigerian staff as well as providing facilities for the patients' families. Hospital buildings include a 22-bed maternity unit, a 40-bed leprosy clinic and surgical ward, a general ward, a dispensary/outpatient clinic, and an isolation ward. The staff work long hours in difficult conditions, often lacking regular hospital equipment. (FM)

7257 **León G., M.** *How we fought the measles in Guaquitepec; a young Mexican physician quells an epidemic and helps a village solve its own problems.* Health (Washington, D.C.), 11(1/4), 1979, 22-25. Engl.

This 1st-person account of a young physician's year of service in an isolated area of southern Mexico describes how he won the villagers' trust, confidence, and cooperation by learning the Tzeltal language and customs and by allowing the coexistence of their traditional medicine with his modern medical techniques. On one occasion he was able to quell a measles epidemic by giving specific responsibilities to practitioners of traditional medicine and seeking the villagers' assistance. During his stay, two health stations were built and roads and water supply improved, with the active participation of the rural community. (EB)

7258 **Menkins, S.J., Entwistle, H.J.** *With the people of Hiranpur.* British Medical Journal (London), 280(6210), 2 Feb 1980, 311-313. Engl.

The authors describe an 8-week visit to India during which they observed and assisted in the day-to-day operation of St. Luke's Mission Hospital in Hiranpur. Much of their time was spent in the women's hospital, where they performed tubal ligations, the most acceptable contraceptive measure, and conducted immunizations. They also carried out an infant nutrition programme to compare the nutrition of infants with that of their mothers and to correlate results with data on Indian babies born in London hospitals. (FM)

7259 **Mora Córdoba, A.G., Nogueira de Rojas, J.R., Mendoza Valdés, A.** *Justificación para la instalación de una unidad de terapia intensiva en un hospital general de menos de 100 camas. (Justification for the installation of an intensive care unit in a general hospital with less than 100 beds).* Salud Pública de México (Mexico City), 20(6), Nov-Dec 1978, 745-754. Span. 25 refs.

A retrospective study of all potential intensive care candidates at the 64-bed general hospital, Irapuato, Guanajuato, Mexico, over a 1-year period revealed that 13.5% of the hospital's admissions met the qualifying criteria for intensive care, 48% of them were less than 15 years

old, and the death rate for the group as a whole was 47.3%—higher, by condition, than that found in institutions with intensive care facilities. An intensive care unit was therefore deemed justified and its required characteristics are outlined. (HC-L)

7260 **Moos, E., Klafeld, L., Davidson, S.** *Rehabilitation of psychiatric patients in Israel: utilization of a vocational training center.* Israel Annals of Psychiatry (Jerusalem), 17(2), Jun 1979, 101-109. Engl. 13 refs.

This study of 32 patients at the Vocational Rehabilitation Center at Loewenstein Hospital (Raanana, Israel) was conducted to evaluate the role of such centres in the vocational rehabilitation of hospitalized psychiatric patients. Statistical data revealed that 50% of the patients completed the programme and subsequently held jobs for 6 months or more. The remainder, after completing a 3-6 week evaluation study, were referred back to hospital therapists with vocational recommendations to be incorporated into hospital discharge plans. (DP-E)

7261 **Ofodile, F., Norris, J., Garnes, A.** *Burns and child abuse.* East African Medical Journal (Nairobi), 56(1), Jan 1979, 26-29. Engl.

A review of 23 pediatric burns admissions to the burn unit of Ibadan's University College Hospital (Nigeria) from December 1973-January 1975 revealed 9 cases of deliberate child abuse. These cases are compared with accidental burn cases in terms of age and sex distribution, causes, severity, area, and treatment. Ten criteria helpful in identifying burned victims of child abuse include a history of abuse, a history of injuries inconsistent with the patient's age, associated injuries, excess severity of injury, isolated burns in the gluteal regions, burns attributed to a sibling or baby-sitter, etc. A team approach in the managemnt of these patients is recommended. (DP-E)

7262 **Osei-Bonteng, M.** *Nutrition rehabilitation in the promotion of child health in Ghana.* International Nursing Review (Geneva), 26(5), Sep-Oct 1979, 133-136. Engl. 8 refs.

The Maamobi Polyclinic Nutrition Rehabilitation Centre in Ghana began admitting children in July 1971. Its aims include educating mothers to make the best use of their food budgets and to improve child care and feeding practices as well as helping to rehabilitate children discharged from hospital after treatment for malnutrition. A model kitchen and backyard garden are used in the nutrition education programme, which also includes marketing, cooking, and feeding. The centre is staffed by 1 part-time physician, 1 public health nurse, 1 dietary technician, 2 community health nurses, and 1 nutrition aide. Stays vary from 6-12 weeks and follow-up visits at home ensure that good nutrition habits are maintained. (FM)

7263 **Setyonegoro, R.K., Satya, J., Cunadi, H.** *Mental health services in Irian Jaya (Indonesian West New Guinea).* Papua New Guinea Medical Journal (Port Moresby), 21(3), Sep 1978, 248-251. Engl.

This paper briefly discusses some mental health and social problems that are frequently encountered in Irian Jaya (Indonesian West New Guinea) and describes the facilities at the Abepura Mental Hospital, Abepura. Some background information on the history, physical characteristics, population, and culture of the province are included. (HC-L)

7264 **Swelem, S.E.** *Establishment of the Anaesthetic Department in Benghazi.* Anaethesia (London), 34(8), 1979, 821-822. Engl.

In 1975, a department of anaesthesia was established at the University of Garyounis medical school (Benghazi, Libya). The quality of local anaesthesia services at that time is described. These services were grouped together to form a division of the surgical department and plans were made to improve the academic standards and working conditions of anaesthetists and the equipment and organization of operating theatres. The implementation and success of these plans are examined and future activities recommended. (DP-E)

III.2 Outpatient Care

See also: 7050, 7059, 7068, 7250, 7262, 7334, 7455.

7265 **Ahuoch, J.A.** *Practical application of short-course (6 month) regimens of chemotherapy for pulmonary tuberculosis in Kenyan nomads.* East African Medical Journal (Nairobi), 56(3), Mar 1979, 121-126. Engl.

The treatment of pulmonary tuberculosis in nomadic peoples presents special difficulties, mainly related to the length of chemotherapy (12-18 months) and the near impossibility of tracing defaulters. To overcome these problems, 143 pulmonary tuberculosis patients from Kenya's nomadic Wajir district were admitted to a special treatment camp where they received a 6-months regimen of chemotherapy whose efficacy has been established in East Africa and elsewhere. There were no defaulters, the drugs were well-tolerated, and all patients were sputum smear and culture negative at the end of treatment. The project thus demonstrated the willingness of the nomads to remain in one place for 6 months' chemotherapy and similar projects in other nomadic districts are planned. (HC-L)

7266 **Bashizi, B.** *Day-care centers in Senegal; a women's initiative.* Assignment Children (Geneva), (47/48), Autumn 1979, 165-171. Engl.

In Casamance, Senegal, 58 day care centres have been created by village women in response to the felt need for child care during the planting season. The centres have since become the focal point for cooperation among several government technical and administrative services, while remaining within the hands of the local community, and their activities have expanded to include nutrition, health education, immunization, and medical care components. The existence of this local infrastructure, as well as suitable buildings, is now facilitating the

extension of preschool education in the area. (Modified journal abstract)

7267 **Cerén, A., Torres, P.J., Ortiz, C., Grandón, R.** *Programa y organización de la atención médica en un consultorio de seguimiento de niños de bajo peso de nacimiento. (Organization and programme of a clinic for following-up low-birth-weight infants).* Revista Chilena de Pediatría (Santiago), 48(2), Mar-Apr 1977, 103, 105-108. Span.

In South East Area, Santiago, Chile, 70% of neonatal mortality occurs in low-birth-weight infants and 12% of infants born per year are low-birth-weight (2 500 gm or less). This paper describes a clinic that has been set up in the area's children's hospital for monitoring such infants up to age 1 year and educating their mothers in child care, nutrition, etc. The clinic programme and the role of the various health workers in its implementation are considered. (HC-L)

7268 **Chen, S.T.** *Impfung in Malaysia. (Immunization in Malaysia).* Kinderarzt (Leubeck, Germany FR), 10(3), 1979, 443-444. German.

In Malaysia it is difficult for doctors to complete a series of immunizations in an infant's 1st half-year of life, since 50% of the children are no longer brought to clinics after the age of 6 months. For this reason it has been necessary to commence immunization as early as possible after birth. With the use of 3 tables, the author shows the percentage of Malaysian children immunized between 1968-1974, the age of the child, and the type of injection. Preventive measures to ensure completion of the immunization series are being undertaken. (EB)

7269 **Collett, V.** *Under-five child in Nepal.* Nursing Times (London), 75(45), 8 Nov 1979, Suppl., 6-7. Engl.

Maternal child health clinic services in Nepal comprise nutrition education, including the preparation of weaning foods, nutrition evaluation, antenatal care, family planning, and health education, which covers hygiene and such elementary activities as nose-blowing to reduce the high incidence of otitis media, for both mothers and older children. Future plans are also briefly described. (DP-E)

7270 **Gregory, S.** *Health care in Haiti: the Tuesday people.* Nursing Times (London), 76(16), 17 Apr 1980, 707-710. Engl.

The Tuesday Clinic arose out of the need to give malnourished children more follow-up care than could be provided by the outpatient department of Haiti's Albert Schweitzer Hospital and its 3-day clinic. The author, who ran the clinic herself when it was formed in the early 1970s, describes some of the problems associated with organization, staff training, parent counselling, child feeding, and weight-charting. She stresses the importance of the relationship between the educator and the parent and the need to educate the parent to accept and deal with his/her problems. The progress of three individual children is outlined. (EB)

7271 **Mechanic, D., Kleinman, A.** *Ambulatory medical care in the People's Republic of China: an exploratory study.* American Journal of Public Health (New York), 70(1), Jan 1980, 62-66. Engl.

During a visit by the authors to the People's Republic of China, 138 persons in a variety of outpatient facilities were interviewed with regard to sex, age, province, rural/suburban residence, type of provider, type of referral, 1st or repeat visit, and two major symptoms. It is noted that all types of illness were seen at all levels of the health system and some observations regarding presenting conditions, referral, choice of traditional Chinese or Western services, management of mental illness, etc., are made. (HC-L)

7272 **Migdalovich, B.M., Rapis, Y.L., Shvartser, I.S., Darchiev, L.K., Kholmsky, K.V.** *Opyt sploshnogo obsletsovaniya na tuberkùlez sel'skogo naseleniya. (Experience with an all-round examination of rural population for tuberculosis).* Problemy Tuberkuleza (Moscow), 56(10), Oct 1978, 11-15. Russ.

The effectiveness of an all-round examination of the population for tuberculosis by the team method elaborated at the Leningrad Institute of Tuberculosis was studied. Rural residents of the Kirov district of the North-Osetia ASSR and of the Mstinsk district of the Novgorod region were examined. The all-round examination of the rural population with simultaneous takings of chest fluorograms and institution of tuberculin tests helped to identify over a short period the infected persons and put under observation all the patients and persons with tuberculosis in their history and also to put into effect the entire complex set of anti-tuberculosis measures. (Modified journal abstract)

7273 **Mills, A.** *Hospitals and primary health care.* World Hospitals (Oxford, UK), 16(2), May 1980, 24-29. Engl.

This report summarizes the results of a 1979 survey carried out by the International Hospital Federation on hospital-linked developments and innovations in primary health care. These innovative approaches include hospital-sponsored outpatient clinics in Bangladesh, an Indian cooperative health centre staffed by medical students, family care services in Pakistan, a family practice residency programme in Bahrain, a community health project in Kenya, maternity and home nursing services in Singapore, a primary health care strategy in Ghana, Korea's community medicine corporation, and other programmes in Costa Rica, Brazil, and Lesotho. (DP-E)

7274 **Nath, L.M., Kapoor, S., Ramachandran, E.R.** *Rural medical communication: case study of the EC-AIMMS experiment in Ballabhgarh Block.* Electronics Information and Planning (New Delhi), 5(8), May 1978, 559-573. Engl.

The principles of establishing rural health alternatives using well-trained primary care workers and an effective communications network have been applied to an experimental project in India. The components of the Ballabhgarh Comprehensive Rural Health Services Project in-

clude an agency for delivering basic health services to the local population, a teaching institution for interns and allied medical personnel, and a research laboratory. A central referral hospital is supplemented by health centres and extension centres staffed by multipurpose auxiliaries. An important part of the project is the VHF communications network that links the health centres and the hospital. Technical specifications are listed for the system, which is composed of one mobile and three static stations. (FM)

7275 **Nursing Times, London.** *Clinics for the under-5s in Bangladesh.* Nursing Times (London), 75(45), 8 Nov 1979, Suppl., 4-5. Engl.

The organization and activities of two child health clinics established in Bangladesh by an expatriate nurse and the health problems common to the area are briefly described. (DP-E)

7276 **Pavluchkova, A.V.** *Pervye sovetskie dispansery po bor'be s tuberkulezom u detey. (First Soviet dispensaries for tuberculosis control in children on the occasion of the International Year of the Child).* Problemy Tuberkuleza (Moscow), 57(12), Dec 1979, 11-15. Russ.

The history of the USSR's pediatric tuberculosis control programme is described. Legislated measures for the protection of children and resolutions of the physicians' conference on tuberculosis control and the establishment of anti-tuberculosis dispensaries are also discussed. (Modified journal abstract)

7277 **Pearson, R.** *Health visiting with a difference.* Health Visitor (London), 53(7), Jul 1980, 257-258. Engl.

The author describes her experiences as a health visitor at a reception centre for Vietnamese refugees in Great Britain. The language barrier, along with apprehension and mistrust of Western medicine, made initial medical examination and screening difficult. Weeks were spent in establishing a good rapport with the refugees and in overcoming their fears. Immunizations were an important part of the process but were complicated by the time lag between injections. Other major problems centered around instruction in basic hygiene and a health education programme was quickly set up. Culture shock and frustration caused many psychosociological problems for which the support and involvement of health visitors were invaluable. (FM)

7278 **People, London.** *Health: star of the revolution.* People (London), 7(2), 1980, 10-11. Engl.
Also published in French and Spanish.

A new model of community medicine, tested in a Havana polyclinic in 1972, has proved so successful that it has been extended to two-thirds of Cuba's 371 polyclinics. The basic polyclinic is staffed by four physician specialists: a pediatrician, who cares for 2 000-3 000 children; a gynaecologist-obstetrician, with up to 4 000 patients; an internist for the other patients (3 000-5 000); and a dentist for everyone (10 500-20 000 patients). The essentials of the maternal child health services provided under this system are outlined and the activities and contributions of voluntary organizations such as the Federation of Cuban Women described. (DP-E)

7279 **Sutmöller, L., Vale Pinheiro Feitosa, J. do** *Community participation at a community health outpost.* Bulletin of the Pan American Health Organization (Washington, D.C.), 13(4), 1979, 391-398. Engl.
Also published in Portuguese in *Boletín de la Oficina Sanitaria Panamericana*, 88(3), Mar 1980, 206-213.

This article describes the work of a primary health care outpost in a poor, densely populated neighbourhood of Rio de Janeiro, Brazil. The post is manned around the clock by a team of community health workers and is visited several times a week by a nurse and physician. Initial experience indicates that easily accessible low-cost primary health care can be provided for such an area in an acceptable manner. Nevertheless, active community participation is required, especially in the planning and execution phases. (Modified journal abstract)

7280 **Tinubu, A., Odinkonu, O.A., Adegoroye, A.** *Handicapped children: an aspect of child health in Nigeria.* International Nursing Review (Geneva), 26(5), Sep-Oct 1979, 153-156. Engl.

After describing the most common physical, mental, and emotional handicaps affecting children, the authors review treatment services in Nigeria. Screening is done through parents, schools, and child health clinics and a register is kept of all handicapped children. Public health nurses work closely with families to help patients become as self-reliant as possible and medical care is provided in some schools. A total of 25 schools provide education from primary to university levels. Although resources for rehabilitation services are limited, religious and voluntary organizations sponsor several training programmes. A national council for rehabilitation advises the government on policy issues and organizes public awareness campaigns. (FM)

7281 **Veerheeve, H.M.** *Childhood convulsions in the tropics.* Tropical Doctor (London), 10(3), Jul 1980, 122-123. Engl.

Three types of treatment for childhood convulsions in the tropics are described. The 1st is the traditional native treatment, which can lead to complications such as burns and cow's urine poisoning. Rectal administration of chloral hydrate is recommended for use by auxiliaries providing emergency care in rural child health services; when this is not possible, the mother may be instructed to sponge the child's body with cold water. Chloral hydrate enemas may also be used in hospitals where non-sterile conditions preclude injections of diazepam or paraldehyde. The reader is reminded that convulsions can also be a symptom of intoxication by drugs such as piperazine, pyrimethamine, or chloroquine. (DP-E)

7282 **Wallace, H.M.** *Primary health care of mothers and children in the Soviet Union—1979.* Clinical

Pediatrics (Philadelphia, Pa.), 19(6), 1980, 420-423. Engl.

In the USSR, primary care for children aged 0-15 years is provided mainly through a network of 13 000 children's polyclinics, each serving 13 000-20 000 patients and referring cases to a regional children's hospital. The staff consists of one pediatrician for every 800-850 children, other pediatric medical specialists, nurses, technicians, and physical and speech therapists. Preventive measures are emphasized, although curative care is also given and pediatricians routinely make home visits. The children's hospitals and emergency medical services are also briefly described. (DP-E)

III.3 Mobile Units and Services

See also: 7451, 7687.

7283 **Apostolov, E., Golemanov, N., Netchaev, S., Stanev, K.** *Gabrovo Health Services Department Project—mass prophylactic screening in primary care in Bulgaria.* World Health Forum (Geneva), 1(1/2), 1980, 87-98. Engl.

The Gabrovo province demonstration zone, Bulgaria, serves as a testing ground for health care techniques and methods before they are introduced nationally. Since 1973, the zone has pioneered mass screening of the population through annual physical examinations and the dispensarization of care (i.e., active medical follow-up of persons at risk). Screening is carried out by mobile teams (two basic and one gynaecological) incorporating various auxiliary health cadres and costs considerably less per person than would the same activity performed in the polyclinic. This paper describes the organization of the screening and follow-up. (HC-L)

7284 **Bland, J.** *Floating dispensary.* World Health (Geneva), Jan 1980, 26-29 Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

This short article describes the work of a boat dispensary staffed by a doctor and nurse that brings primary health care and referral services to numerous tiny communities in the South China Sea around Hong Kong. (HC-L)

7285 **Fisher, R.F.** *Sight by wings—a surgeon's view.* Saving Health (London), 19(2), Jun 1980, 8-10. Engl.

A British eye surgeon describes his experiences as a flying doctor on a medical safari in East Africa. He emphasizes the difficulties of treating large numbers of patients in a limited time and of operating and maintaining sterile conditions in the field, although some of the problems he had anticipated did not occur; diagnosis was facilitated by the advanced state of most conditions and patients remained calm under local anaesthetic. (DP-E)

7286 **Salmon, J.** *Sight by wings.* Saving Health (London), 19(2), Jun 1980, 7-8. Engl.

An ophthalmologist from the UK briefly explains the origin and the purpose of Sight by Wings, a missionary-sponsored organization designed to transport eye surgeons to the place of greatest need and to provide an optical workshop so that glasses can be made available at reasonable prices to those living in remote areas. On a normal Sight by Wings safari, staff visit about 16 hospitals and perform some 150 eye operations, mainly for cataracts. (DP-E)

7287 **Wolff, H.L., Croon, J.J., Helaha, D.** *Transport (under tropical circumstances) of specimens to the laboratory for the cultivation of pathogens; III: the shipment of sputum samples for the cultivation of Mycobacterium tuberculosis.* Acta Leidensia (Leiden, Netherlands), 46, 1978, 73-83. Engl. 18 refs.

In the 1st part of this study, a comparison of three procedures showed that a modified Saxholm method (detergent/pancreatin/buffer) could be used for the decontamination of heavily contaminated sputum samples. This procedure proved to be better than treatment with alkali or acid, as with these methods the period of treatment is limited. Too long a treatment harms the tubercle bacteria, too short a period leaves the contaminants alive. The Saxholm method involves no time limit. In the 2nd part of this study, the Saxholm procedure was adapted to the shipment of samples. It gave better results than freezing the specimens under liquid nitrogen. (Modified journal abstract)

III.4 Health Education

See also: 7126, 7270, 7351, 7387, 7389, 7401, 7456.

7288 **Abcede, J.C.** *Change your lifestyle.* World Health (Geneva), Feb-Mar 1980, 32-33. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

For the past 10 years a strong public information campaign in Singapore has emphasized the dangers of smoking. Cigarette advertising has been banned from radio, television, and the print media and smoking is prohibited in public places such as buses, hospitals, schools, theatres, etc. Heavy fines support anti-smoking legislation. In addition to the mass media campaigns, health education related to healthy lifestyles is given high priority in the school curricula at all levels. (FM)

7289 **Appropriate Health Resources and Technologies Action Group Ltd., London.** *Diarrhoea dialogue.* London, Appropriate Health Resources and Technologies Action Group Ltd. Engl.
Also available in Spanish from PAHO.

This newsletter, produced quarterly by AHRTAG (Appropriate Health Resources and Technologies Action Group), London, a WHO collaborating centre, deals with the health problems associated with diarrheal diseases in developing countries and their solutions. Education of village health workers, primary health care teamwork, sanitary conditions, water supply, community participation, health education programmes, and treatment of diarrheal diseases in infants and young children are among the topics discussed. There is also a section containing letters from readers. (AF)

7290 **Chapman, M.** *Incorporating nutrition into family planning services.* Journal of Nutrition Education (Berkeley, Cal.), 10(3), Jul-Sep 1979, 129-130. Engl.

A nutrition component established in family planning clinics in California (USA) provides an opportunity to affect the nutritional status and eating habits of women throughout their reproductive years. Including nutrition education in the routine services offered by family planning practitioners can be a suitable and practical alternative to direct client counselling by a nutritionist. Determined as key elements to implement this approach were the identification of appropriate nutrition resources for client clinics and staff, developing a client referral system to nutritionists in the community, and establishing an on-going evaluation system to monitor the effectiveness of the clinic nutrition services. (Modified journal abstract)

7291 **Devadas, R.P.** *Integrating nutrition education into the primary school curriculum in India.* Journal of Nutrition Education (Berkeley, Cal.), 10(3), Jul-Sep 1979, 113-115. Engl.

As part of a 1975 pilot project to integrate health and nutrition into the primary school curriculum in Tamil Nadu, India, 3 600 elementary teachers were trained to use a specially designed syllabus. The project's implementation is described. Among the demonstrable results were gains in nutritional knowledge, improved meal planning and preparation, improved dietary practices, better sanitation, an increased number of gardens, and a reduction in nutritional disease symptoms among the children involved. Statistical data are included. (DP-E)

7292 **Gibson, D.** *Message of health.* World Health (Geneva), Jan 1980, 3-7. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

This paper describes life in two rural communities in the Sudan where the Danish International Development Agency (DANIDA) and WHO are cooperating with the national health education department in an attempt to find ways of communicating straightforward messages about health preservation, to help the people solve their economic problems through appropriate technology, and to produce educational methods and aids for community health workers. (HC-L)

7293 **González Galván, A.** *Higiene sexual y prevención de enfermedades venéreas. (Sexual hygiene and prevention of venereal diseases).* Prensa Médica Mexicana (Mexico City), 43(11/12), Nov-Dec 1978, 297-301. Span.

This editorial discusses the need for sex education in Mexico in the light of the proliferation of venereal diseases. Particular emphasis is laid on the characteristics and consequences of syphilis and gonorrhoea. (HC-L)

7294 **Gunaratna, V.T.** *Health for all by the year 2000: the role of health education.* International Journal of Health Education (Geneva), 23(1), Jan-Mar 1980, Suppl., 1-11. Engl. 12 refs.

Also published in French, German, and Spanish.

This paper discusses the role of health education in improving public health in the developed and, especially, the developing countries and highlights the following issues: relevance and appropriateness of health education, the danger of over-reliance on mass media, the need to train all health workers as health educators, and the role of the health education specialist. (HC-L)

7295 **Gussow, J.D.** *Who pays the piper?* Food and Nutrition (Rome), 5(2), 1979, 18-23. Engl.

The author reviews the role of the food industry in nutrition education, particularly in the USA. She questions the objectivity of commercial nutrition education and illustrates the difficulties in distinguishing between promotion of a product and education. Nutritional teaching aids available for schools are often produced by the industry and reflect a commercial bias. Moreover, since they are free, such material often supplants unsubsidized educational material. Educators must learn to judge the true value of industry-produced educational packages. She suggests an outright ban of the most blatantly promotional materials. (FM)

7296 **Isely, R.B.** *Reflections on an experience in community participation in Cameroon.* Annales de la Société Belge de Médecine Tropicale (Brussels), 59, 1979, Suppl., 103-115. Engl. 8 refs.

A community health education project in Cameroon aimed to find an effective approach to rural populations and to train health personnel in health education methods. It consisted of organizing village health committees and training itinerant health workers to support the committees. Results are described at short-term (after 1, 2, and 3 years) and 2 years after the project ended; some of the related problems are analyzed. The author recommends that more resources be allocated to the support and training of itinerant workers. (DP-E)

7297 **Johnston, M.P.** *CHILD-to-child.* World Health (Geneva), Oct 1979, 9-13. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

The events leading up to the establishment of the CHILD-to-child programme by the University of London's Department of Education in Developing Countries and Institute of Child Health (Tropical Child Health Unit) are described. Many CHILD-to-child activities have been outlined in activities sheets that provide information on how to teach these activities to young children. Topics covered by the activities sheets include eating well, children as health workers, providing a healthy and safe environment, children growing up, and stimulating younger children. (DP-E)

7298 **Kamel, N., Mourad, E., Moustafa, K.** *Study of health knowledge of the public in two different communities in A.R.E.* Journal of the Egyptian Public Health Association (Cairo), 52(4), 1977, 277-285. Engl.

A sample population of 74 villagers and 96 industrial workers in rural Egypt were interviewed regarding their

socioeconomic background and knowledge of the transmission, signs, symptoms, and complications of endemic diseases and the importance of medical care and immunization. Significant differences between the two groups were found—e.g., the villagers, being mostly housewives, were more familiar with childhood diseases while the industrial workers were more likely to recognize the complications of hypertension and diabetes—but both revealed considerable ignorance regarding the communicability of disease, the purpose of immunization, etc. This paper presents and analyzes the results of the study. Statistical data are included. (HC-L)

7299 **Laoye, J.A.** ***Selling health in the market place: the Araromi approach.*** International Journal of Health Education (Geneva), 23(2), Apr-Jun 1980, 87-93. Engl.

By encouraging the villagers to identify and deal with their own health problems, a Nigerian team was able to carry out a successful health education project in rural Araromi. Among the operational strategies used was the establishment of a health stall in the marketplace with a nearby model pit latrine; people were given drinking water, demonstrations of boiling and filtering, and various health education aids. Other steps taken by the team are described and suggestions given. (DP-E)

7300 **Miller, M.C., Cantor, A.B.** ***Comparison of mass media effectiveness in HE.*** International Journal of Health Education (Geneva), 23(1), Jan-Mar 1980, 49-54. Engl. 18 refs.

Also published in French, German, and Spanish.

Health information on cancer, drug abuse, and sickle cell anaemia was disseminated by television, radio, and newspaper in Orangeburg County, South Carolina, USA. A telephone survey was then conducted to determine whether and how the respondents had heard the messages and to identify them by age, sex, race, income, etc. This paper presents an analysis of the survey results and its implications for future health education efforts. (HC-L)

7301 **Morley, D.C.** ***CHILD-to-child programme.*** Assignment Children (Geneva), (47/48), Autumn 1979, 172-185. Engl.

See also entry 4538 (volume 7).

The CHILD-to-child programme is based on the recognition that, in many developing countries, the principal mother-surrogates for small children are older siblings. The programme aims, therefore, to utilize this as yet untapped resource by enhancing the knowledge and capability of school-aged children in five broad areas: nutrition, health, accident prevention, child development, and intellectual stimulation. This paper discusses the concept and gives some specific examples of simple activities (e.g., oral rehydration) which, if mastered by older children, could result in significantly reduced young child mortality. (HC-L)

7302 **Neville, P.J.** ***Health education.*** Leprosy (Amsterdam), 466, 1980, 329-333. Engl. 8 refs.

The aim of health education is discussed with regard to leprosy control and seven principles are outlined. After a brief description of the present-day approach to the disease, ways in which health education can contribute to the prevention of deformity and to community attitudes are examined. The role of the health education specialist is also analyzed. (DP-E)

7303 **Peters, J.** ***Teaching nutrition in schools: do our students practice what we teach?*** Cajanus (Kingston, Jamaica), 13(2), 1980, 77-84. Engl.

Seminar/Workshop of the Caribbean Association of Home Economists, Port-of-Spain, Trinidad and Tobago, 9-11 Apr 1979.

In evaluating the effectiveness of nutrition education in Caribbean schools, the author finds that improved knowledge and better attitudes towards nutrition do not necessarily result in improved nutritional status. Nutrition education courses should put more emphasis on the students themselves, rather than on facts alone, by identifying their real problems and increasing student involvement. Courses should present material that is relevant to local conditions and emphasizes indigenous foods and recipes as well as locally available equipment. In conclusion, nutrition education must be flexible towards non-traditional teaching/learning methods, adaptable to changing economic, environmental, and social conditions, and transferable to life outside the classroom. (FM)

7304 **Rohde, J.E., Sadjimin, T.** ***Elementary-school pupils as health educators: role of school health programmes in primary health-care.*** Lancet (London), 1(8182), 21 Jun 1980, 1350-1352. Engl.

The high proportion of children attending primary schools in rural parts of Indonesia and the low health care coverage in these areas prompted a plan to involve schoolchildren in a health education programme. Action-oriented health lessons aimed at modifying community-health-related behaviour were designed to suit the teaching format familiar to their own teachers. The lessons involved pupils in health activities in their own homes and neighbourhoods. Evaluation of the teaching module on diarrhea showed a substantial improvement in knowledge, skills, and attitudes of rural families regarding this illness and indicated how a vastly improved outreach of primary health care activities is possible through a well-designed school health programme. (Modified journal abstract)

7305 **Rotberg, A.** ***Brazilian phase III of prevention of hanseniasis.*** International Journal of Dermatology (Philadelphia, Pa.), 18(8), Oct 1979, 655-659. Engl. 23 refs.

Eleventh International Leprosy Congress, Mexico City, Mexico, Nov 1978.

In 1976, the 3rd phase of a leprosy programme was inaugurated by the Brazilian ministry of health with the specific aim of reducing the psychological as well as the physical ravages of the disease. The failures of phase I (patient isolation) and phase 2 (outpatient care) have convinced public health planners that a massive health

education programme is necessary to reeducate the public and eliminate the stigma attached to the word "leprosy". For this reason, the disease has been rechristened "hanseniasis". Some possibilities for international cooperation in introducing this new terminology are briefly examined. (DP-E)

7306 **Rouwenhorst, W.** *Gezondheidsvoorlichting en -opvoeding: instrument van gezondheidszorg. (Health education as an instrument of health care).* Tijdschrift voor Kindergeneeskunde (Amsterdam), 47(4), 1979, 165-176. Dutch. 15 refs.

Being a relatively new phenomenon in the Netherlands, health education as an instrument of health care still presents considerable confusion with regard to the real meaning and function. Likewise, its place in health and medicine is uncertain. When people are encouraged to participate in their own health care, health education may be seen as a component of medical/health care, or it can be used as an instrument of that care. For community, school, and patient health education to be achieved, various methods and channels are available; individual, group, or mass education can be undertaken. A brief description of these areas is given. (Modified journal abstract)

7307 **Salubritas, Washington, D.C.** *Report from Java and Sumatra: findings in the field change thinking in the capital.* Salubritas (Washington, D.C.), 4(1), Jan 1980, 2. Engl.

Prior to a nutrition campaign in rural Indonesia, field workers discovered that rural women did not, as was assumed, know all that there was to know about breast-feeding. The local customs of discarding colostrum and nursing principally from the left breast were resulting in malnutrition among breast-fed infants. These findings promoted alterations in the breast-feeding message in educational materials and underline the importance of suiting a campaign to actual field conditions. (HC-L)

7308 **Seitz, R.** *Self-help in the barrios.* World Health (Geneva), Jan 1980, 18-21. Engl.
Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

In 1975, the Catholic Church introduced a concept of primary health care in the Philippines that is based on community identification of health needs and their solutions and the deployment of community-chosen volunteer health workers. This paper describes some of the activities (e.g., medicinal plant production, nutrition education, latrine construction, tuberculosis control, etc.) that are presently underway in communities throughout the country. (HC-L)

7309 **Sullivan, M.E.** *Patient education system for a rural primary care centre.* International Journal of Health Education (Geneva), 24(2), Apr-Jun 1981, 113-118. Engl.

This paper describes an approach developed by a team of health professionals in Alabama (USA) for integrating health education into a total health care delivery system. The mechanisms used to accomplish this goal were health education protocols, patient education diagnosis, and documentation instruments, all designed to more fully involve the patient in his or her health care. The process used to elaborate the health education protocols and their implementation and documentation are described. The author feels that this method can be adapted to a variety of situations. (Modified journal abstract)

7310 **Tonon, M.A.** *Concepts in community participation: a case of sanitary change in a Guatemalan village.* International Journal of Health Education (Geneva), 23(4), Oct-Dec 1980, Suppl., 1-16. Engl.

This paper describes the health education activities that took place during a water and sanitation programme in a rural village of Guatemala. Changes in behaviour were observed over an 18-month period and the most significant change was found in the villagers' participation in the programme. Much of the paper is devoted to a discussion of the factors that led to the change and the implications of the approach to health education employed here for other situations, including areas outside the health sphere. (DP-E)

7311 **Vibro, Solo, Indonesia.** *What's a germ? The problem of awareness.* Vibro (Solo, Indonesia), 22, Dec 1979, 3-4. Engl.

This paper describes how health education can be effectively presented to illiterate and semiliterate villagers through such techniques as building on associated concepts, demonstration, timely information, and informed on-the-spot surveys. (HC-L)

7312 **Vuori, H.** *Medical model and the objectives of health education.* International Journal of Health Education (Geneva), 23(1), Jan-Mar 1980, 12-19. Engl.
Also published in French, German, and Spanish.

This paper shows how, historically, health education, to its detriment, came to be dominated by medicine. It then argues in favour of a health education whose focus is the educational and not the health system, whose prime purveyors are parents and teachers and not health workers, and whose aim is not the dissemination of factual information but rather the internalization of values that are reinforced by means of legislation, production, and pricing policies, etc., in society as a whole. (HC-L)

7313 **WHO, Geneva.** *Dental health education; report of a WHO expert committee.* Geneva, WHO, WHO Technical Report Series No. 449, 1970. 28p. Engl.

This WHO report reviews priority dental health problems and related needs for dental health education; analyzes the dental health system as a context for planning dental health education; outlines principles for developing dental health education; presents guiding principles for planning, implementing, and evaluating dental health education activities and programmes; and discusses research needs. Conclusions and recommendations are listed and statistical data included. (DP-E)

III.5 Appropriate Technology

See also: 7102, 7292, 7391, 7392, 7502, 7529, 7634, 7668.

7314 Appropriate Health Resources and Technologies Action Group Ltd., London. *First report 1977/1978.* London, Appropriate Health Resources and Technologies Action Group Ltd., 1978. 14p. Engl.

The main aim of the Appropriate Health Resources and Technologies Action Group, Ltd. (AHRTAG) in London (UK) is to serve as a clearinghouse for information on appropriate technology for health care. This report briefly outlines AHRTAG's activities from mid-1977-1978, including their contribution to volumes 4 and 5 of the SALUS bibliography. (DP-E)

7315 Appropriate Health Resources and Technologies Action Group Ltd., London. *Better use of refrigerators for storing vaccines.* AFYA (Nairobi), 14, 1980, 34-38, 40-43. Engl.

Some simple procedures for ensuring that refrigerators are effectively used for vaccine storage are outlined. These include instructions on how to position, level, and pack the refrigerator, check the temperature, date vaccine stock by colour, and perform preventive maintenance and repairs. The text is illustrated by line drawings. (DP-E)

7316 Appropriate Technology for Health, Geneva. *Progress in solar refrigeration.* Appropriate Technology for Health Newsletter (Geneva), (6), Jun 1980, 227. Engl.

A prototype solar refrigeration unit developed by ARCO Solar Co., USA, to be used for storing vaccines in immunization programmes, is now undergoing independent laboratory performance testing. The specifications for the unit are given, as well as a description of its components. The entire system ranges in cost from US$1 500-US$2 500, but this high initial cost is partly offset by a much lower replacement rate and the minimal cleaning and maintenance requirements. In addition, it is expected that the solar panels, which now account for half the total cost, will be reduced by 35% this year, followed by further reductions within 3 years, as new types are developed. Field trials are now being conducted in West Africa and India. (FM)

7317 Baofeng, G., Yong, W., Wenzhong, C. *Screw-spring traction apparatus for fracture of the shaft of femur.* Chinese Medical Journal (Peking), 93(4), Apr 1980, 275-258. Engl.

The authors describe a screw-spring traction device for treating fractures of the femur that does away with the cumbersome weights, pulleys, and heavy bed frames of traditional continuous weight traction. Used in treating 44 fracture cases, the appartus showed good results and avoided complications such as pressure sores. The main advantages of the traction frame include simplicity of operation, suitability for fractures of any part of the femoral shaft, and ability to maintain continuous traction. A disadvantage is that traction force is not as stable as with conventional methods. (FM)

7318 Blanie, P. *Simple data processing and memory device as a visual aid to diagnosis.* Appropriate Technology for Health Newsletter (Geneva), (4), Oct 1979, 378-379. Engl.

This paper describes a simple teaching aid/memory device for storing and processing diagnostic data that is suitable for use by basic health workers in developing countries. The device consists of a white plastic cardholder, individual patient cards with coded symptoms, and transparent slips corresponding to symptoms. When the appropriate slips are placed over the coded patient card, shaded areas indicate the likely disease or diseases. Both diseases and symptoms are briefly described in an accompanying manual. The device is portable, requires no energy source, and can be adapted to the disease profile of any country and the educational level of any worker. (HC-L)

7319 Chen, L.C., Black, R.E., Sarder, A.M., Merson, M.H., Bhatia, S. *Village-based distribution of oral rehydration therapy packets in Bangladesh.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(2), Mar 1980, 285-290. Engl. 14 refs.

Over a 4-month period, some 33 000 locally-produced sucrose-electrolyte packets for oral rehydration of diarrhea victims were distributed by 160 village health workers among a population of 157 000 in rural Bangladesh. This paper describes the composition, production, and cost of the packets, assesses their quality, and evaluates the feasibility of this method of delivering them. During the study period, hospitalization rates for acute diarrhea were found to be 29% less in the experimental area than in a similar control area. Statistical data are included. (HC-L)

7320 Gachukia, E. *Women's self-help efforts for water supply in Kenya; the important role of NGO support.* Assignment Children (Geneva), (45/46), Spring 1979, 167-174. Engl.

In few other countries around the world have women worked so intensively together to improve their lot as in Kenya, where the tradition of mutual help has led to the creation of over 5 000 women's associations. Some of the aims of these associations have included the sharing of resources to buy corrugated aluminum roofing and tanks for rainwater catchment and other related activities in health, income generation, nutrition, etc. At the same time, regional seminars and a survey revealed water to be the women's present major concern. Twenty NGOs and UNICEF therefore decided to create a joint Water for Health programme in support of the initiatives already undertaken by local women in the face of this expressed need. The programme's activities have included piping water to drought-stricken areas and the construction of cement jars for rainwater collection. (Modified journal abstract)

7321 Gibbs, D.L. *Transport of microbiological specimens to a tropical communicable disease center.* Bulletin of the Pan American Health Organiza-

tion (Washington, D.C.), 14(1), 1980, 77-83. Engl. 20 refs.

The author describes a transport system for laboratory specimens developed for use in Bahia, Brazil. He outlines the methods used and materials required for collecting and transporting various types of specimens. Using inexpensive materials that can be easily obtained, prepared, and stored, each method satisfies the need to maintain the viability of micro-organisms for at least 2 days, thus allowing specimens to be transported by public transport. The system can be adapted for use in other tropical countries. (FM)

7322 **Hati, A.K., Mandal, A.N.** *Kala-azar in children; diagnosis by nasal smear examination.* Archives of Child Health (Bombay, India), 20(5), Sep 1978, 99-101. Engl.

The amstigote forms of *Leishmania donovani* could be demonstrated in the nasal smear of three Indian children with *kala-azar* diagnosed earlier by bone marrow examination. Similar findings were observed in four adult patients. The possible use of nasal smear as a diagnostic technique is discussed. (LP-E)

7323 **Hazbun, J.A.** *ATH in the Solomon Islands.* Appropriate Technology for Health Newsletter (Geneva), (4), Oct 1979, 375-376. Engl.

The environmental health division of the Solomon Islands' Ministry of Health has been experimenting with appropriate technology as part of the practical training of appropriate health inspectors. This paper describes a number of projects that have been completed and can be examined at the ministry's demonstration site and elsewhere. They include a hydraulic ram constructed from pipe fittings and scrap iron, a coconut chlorinator, various applications of solar energy, a methane gas digester, an insecticide packaging gadget, and the use of palm oil waste as animal feed. (HC-L)

7324 **Kamm, G.** *Paediatric anaesthesia with the Ambu-Paedi-Valve and Bag.* Tropical Doctor (London), 10(2), Apr 1980, 66-71. Engl.

This paper reviews some of the problems associated with pediatric anaesthesia and discusses the suitability of the new Ambu-Paedi-Valve and Bag as an alternative for ventilating infants in rural hospitals where additional anaesthetic equipment may be unavailable or non-operational. Diagrams and statistical data are included. (HC-L)

7325 **Landman-Bogues, J.** *"Catch up growth" chart.* Cajanus (Kingston, Jamaica), 13(1), 1980, 15-17. Engl.

A "catch up growth" chart that provides an easy, visual way of assessing a child's recovery from malnutrition has been developed in Jamaica and is presently in use in two hospitals there. This paper contains samples of the chart and instructions in its use; further information may be obtained from the Tropical Metabolism Research Unit, University of the West Indies, Mona, Kingston 7, Jamaica. (HC-L)

7326 **Manguzi Mission Hospital, Maputa, Mozambique.** *From the Medical Superintendent.* Appropriate Technology for Health Newsletter (Geneva), (3), Jun 1979, 220. Engl.

Instructions for building a pit latrine in sandy areas such as rural Mozambique are given. In the illustration, sticks driven into the sand support a lining of banana or palm leaves that keep clear a hole 1 m deep and 1 m in diameter, while two planks are placed across the top for squatting. A handful of sand from the excavation is tossed into the latrine after use to prevent contact with flies. One woman can build this latrine unaided in 2 hours and it lasts the average family 4-6 months; after 1 year a fruit seedling can be planted on the spot. (DP-E)

7327 **Martell, M., Gaviria, J., Belitzky, R.** *New method for evaluating postnatal growth in the first two years of life.* Bulletin of the Pan American Health Organization (Washington, D.C.), 13(4), 1979, 370-379. Engl. 13 refs.
Also published in Spanish in *Boletin de la Oficina Sanitaria Panamericana*, 86(2), 1979, 95-104.

This paper presents tables and graphs that can be used by primary health workers to monitor the growth of both low-birth-weight and normal infants during the 1st 2 years of life. On the basis of the relationship between the mean daily amount of weight gained per unit of body weight and rates of growth indicated by classic weight-for-age curves, it has been possible to construct charts employing current weight versus weight gained over a specified period to show whether a child's weight gain is inadequate, adequate, or excessive. A similar table for infants with known ages and birth weights has also been constructed by combining birth weight with anticipated rates of weight gain per unit of body weight. (DP-E)

7328 **Marwa, D., Morley, D.C.** *Newsletters for health workers.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 73(4), 1979, 469-471. Engl.

Three newletters, two from Liberia and one from Bangladesh, are analyzed and the frequency of articles under different subjects found to be similar. It is concluded that these newsletters offer an effective, low-cost method of spreading innovative ideas to workers in the periphery of the health services and that their use should be encouraged, especially as a means of raising the morale of primary health workers. (Modified journal abstract)

7329 **Mendis, J.B.** *Health hazards resulting from improved water supplies in developing countries.* Progress in Water Technology (Oxford, UK), 10(6), 1978, 1193-1195. Engl.

Compromises in construction standards when building water systems in developing countries can cause new health hazards, largely due to increased *per capita* use and a larger volume of waste water. Poorly constructed and poorly maintained systems, no matter how advanced, may be more harmful to health than local, traditional, and individual systems. Standardization of design, construction, and evaluation will help avoid violations of public health standards. Local participation in

water projects is essential to ensure that the system is adapted to local needs and that proper maintenance is carried out. (FM)

7330 **Moulding, T.** *Medication monitor for treating tuberculosis in the developing countries.* Tropical Doctor (London), 9(3), Jul 1979, 106-109. Engl.

A simple instrument has been developed for differentiating between tuberculosis patients who can be trusted to take their medication and those whose regimens must be supervised. The tablets of the drugs concerned are stacked in a tube with a small uranium source on top and a spring to drive the uranium source and the tablets down. A strip of film opposite the radioactive source records the regularity with which the drugs are used. Details of the monitor, the radioactive source, and the film and its development are described and the advantages, cost, and source of the device are given. (HC-L)

7331 **Nabarro, D., McNab, S.** *Simple new technique for identifying thin children.* Journal of Tropical Medicine and Hygiene (London), 83(1), Feb 1980, 21-33. Engl. Refs.

Health workers at a child health clinic in Dhankuta, Nepal, have developed a wallchart to simplify weight-for-height measurement and quickly identify children in urgent need of nutrition intervention. Colour-coded panels on the chart illustrate height intervals and percentages of weight-for-height, making it possible for workers with minimal training to identify malnourished children without consulting graphs or tables. The authors describe the basic design, construction, and utilization of the chart and propose the development of less bulky charts for use in temporary clinics and of portable charts for home visiting. (FM)

7332 **Nalin, D.R.** *Spoonful of sugar... (Correspondence).* Lancet (London), 2(8083), 29 Jul 1978, 264. Engl. 8 refs.

The author reviews briefly the advantages and disadvantages of the various ingredients and spoons recommended for the preparation of solutions for the oral treatment of diarrhea. He points out, however, that no method has been described as ensuring a standard volume of water. He suggests that a soft plastic bag could be marked with a line around it to indicate a volume of 1 litre. Once one bag has been calibrated, similar bags could easily be marked. The bags could be distributed with packets of ingredients (or spoons) together with instructions. An accurate volume of water is just as important as accuracy in the measurement of the salt and sugar. (Modified journal abstract)

7333 **Oluwande, P.A.** *Merits and de-merits of package sewage-treatment plants in the developing countries.* Water Pollution and Control (Maidstone, UK), 78(1), 1979, 143-146. Engl. 13 refs.

This investigation shows that package sewage-treatment plants do not function properly in the developing countries because of inadequate maintenance resulting from shortages of suitable manpower and spare components. Lack of adequate pre-installation investigation of the sewage characteristics is also responsible for the poor performances of many units. Establishments in the developing countries should make use of the advantages offered by the tropical climatic conditions to employ simple treatment methods such as oxidation ponds, aeration lagoons, and oxidation ditches. Statistical data are included. (Modified journal abstract)

7334 **Parent, M.A., Streobant, A.** *Use of an "information collecting stamp" in maternal and child health centres.* Journal of Tropical Pediatrics and Environmental Child Health (London), 25(6), Dec 1979, 162-164. Engl.

An information collecting stamp for use in maintaining medical records at Tunisian maternal child health (MCH) centres is described. At each visit, the patient's card is stamped, thus cueing the health worker to ask questions about breast-feeding, weaning, family feeding, artificial feeding, pregnancy, and tetanus immunization status. The card is examined as a practical tool for collecting specific data, for the routine running of MCH centres, and for continuous evaluation and research in a public health programme. Statistical data are included. (DP-E)

7335 **Salieu, P., Rey, J.L., Bremen, J.G., Stoeckel, P.** *Année d'utilisation en Haute-Volta d'une mallette pour la surveillance du choléra, de la fièvre jaune et de la variole. (Results of a year's use of a kit for supervision of cholera, yellow fever, and smallpox in Upper Volta).* Bulletin de la Société de Pathologie Exotique et de ses Filiales (Paris), 70(5), 1977, 544-552. Fren.

With a view to facilitating control measures in the field in cases of cholera, yellow fever, and smallpox supervision, 21 boxes containing the materials necessary for taking samples for diagnostic purposes had been used in the public health areas in Upper Volta by the end of 1975. The following results were obtained: cholera supervision: 7 samples taken, no isolation from serum; yellow fever supervision: 12 liver samples taken *post mortem* and 75 sera studied; and smallpox supervision: 4 samples taken and no pox virus demonstrated. An improved metal model of the box will soon be introduced for general use in other African countries. Statistical data are included. (Modified journal abstract)

7336 **Sanborn, W.R.** *Portable laboratory kit for rapid diagnosis of infectious diseases.* Appropriate Technology for Health Newsletter (Geneva), (7), Oct 1980, 384-385. Engl.
Also published in French.

A portable diagnostic kit has been designed to facilitate the rapid detection and identification of infectious disease agents in tropical areas where laboratory services do not normally exist. This paper describes the contents of the kit and its special features. (HC-L)

7337 **Stromberg, J.S.** *Meeting on Appropriate Technology for Improvement of Environmental Health at the Village Level; WHO South-East Asia Region Research Study Group, New Delhi, 16-20*

October 1978. Assignment Children (Geneva), (45/46), Spring 1979, 181-183. Engl.
Meeting on Appropriate Technology for Improvement of Environmental Health at the Village Level, New Delhi, India, 16-20 Oct 1978. –
Research priorities in the development of appropriate technology for environmental health established at this meeting include studies of water supply and sanitation projects at the village level, suitable handpumps and waste disposal systems, the extent of pollution in existing rural water systems, and the impact of appropriate technology in environmental health on general health conditions. Topics discussed at the meeting are briefly examined. (DP-E)

7338 **Sagier, L.** *"L.S." solar heater for rural dispensaries.* Appropriate Technology for Health Newsletter (Geneva), (6), Jun 1980, 228-230. Engl.
The author, with WHO and ILO assistance, has devised and perfected a solar oven made of a concave parabolic mirror and pivoting vertical axis, for use in rural dispensaries. While harnessing solar energy and thus replacing expensive and scarce fuels, the "L.S." solar heater can perform dry sterilzation at 200°C and wet sterilization by boiling, heating flat-irons, making distilled water, and cooking. It can be prefabricated in workshops and assembled and sold by rural craftsmen. At demonstrations in four African countries in late 1979 this economical unit posed no difficulties or dangers in operating. WHO's Appropriate Technology Unit is discussing development of receptacles for dry sterilization and water distillation using the solar heater. (EB)

7339 **WHO, Geneva.** *Automatic intradermal injection.* Appropriate Technology for Health Newsletter (Geneva), (5), Feb 1980, 66-67. Engl.
Also published in French.
This paper describes, with photographs, an instrument that has been designed to hold and automatically operate a multidose syringe for the intradermal administration of small doses of biologicals, such as BCG vaccination. Its advantage is that it eliminates the possibility of overdose and allows the technician to concentrate on keeping the needle in place. Preliminary testing of the instrument has been carried out and its further development now depends on experience gathered in the field. Interested parties are invited to contact the editor of the newsletter. (HC-L)

7340 **WHO, Geneva.** *Aids for physically handicapped children.* Appropriate Technology for Health Newsletter (Geneva), (5), Feb 1980, 68. Engl.
Three examples of simple equipment made from locally available materials for the use of handicapped children in developing countries are illustrated. The examples are taken from a report entitled *Rattan and Bamboo*, which is available from the Disabilities Study Unit, Wildhanger, Amberley, Arundel, Sussex, BN8 9NR, UK at a cost of £2.00 sterling. (HC-L)

7341 **WHO, Geneva.** *Selection of essential drugs; second report of the WHO Expert Committee.* Geneva, WHO, WHO Technical Report Series No. 641, 1979. 44p. Engl.
The model list of essential drugs presented in this 2nd report of the WHO Expert Committee is a revised and updated version of the list issued in 1977. A new feature is a selection of dosage forms and strengths, of which the purpose is to identify the most suitable pharmaceutical forms and to advise countries wishing to standardize or minimize the number of preparations in their own drug lists. The committee emphasizes the importance of exchanging information on essential drugs, both with national agencies and with the pharmaceutical industry, and suggests how to set about this task. The report makes it clear that the list is intended as a model from which countries can develop their own national lists of essential drugs; it is in no way mandatory, nor is it proposed as universally applicable. (DP-E)

IV Health Workers — Training and Utilization

IV.1 Medical Personnel

IV.1.1 Professional

See also: 7026, 7050, 7130, 7131, 7170, 7187, 7200, 7256, 7257.

7342 **Balbag, U.** *Primary health care at the community level: the involvement of the doctor.* Tropical Doctor (London), 10(1), Jan 1980, 46-48. Engl.
A physician draws on his experiences in the department of public health in Jamaica to show how doctors can improve health services. He emphasizes the importance of proper supervision of and effective communication with local auxiliary health workers in rural areas. His work with a branch of the Red Cross and lectures on family planning to several youth groups illustrate other ways in which physicians can become more involved in the community. (FM)

7343 **Chang, T.O.** *Medical education in modern China: an update.* Annals of Internal Medicine (Philadelphia, Pa.), 92(5), May 1980, 702-704. Engl.
This report on recent changes in medical education in the People's Republic of China indicates that: the 3-year medical curriculum has been lengthened to 5 and conceivably to 6 years; there are now 117 medical schools in the country, most of which also contain schools of public health, oral medicine, pediatrics, pharmacy, environmental health, and traditional medicine; there is a renewed interest in the basic sciences, research, and academic subjects such as mathematics that were previously considered irrelevant; and the conventional examination and grading system has been reinstated. The country's recent medical accomplishments are mentioned and the author urges that the North American medical profession cooperate in helping their Chinese counterparts to achieve Western standards. (DP-E)

7344 **Crellin, R.J.** *Trials and tribulations of surgery in rural tropical areas.* Tropical Doctor (London), 10(1), Jan 1980, 9-14. Engl.
Following 2 years of medical work at the Hospital Amazonica in rural Peru, the author describes surgical practice in developing countries. After comparing diseases encountered in developed and developing countries, he classifies problems affecting surgery into those related to climatic conditions and those caused by financial restraints. The 1st category includes the effects of high temperatures and humidity on physical comfort and on equipment, as well as transport problems that arise during the rainy season. Other difficulties include the lack of trained personnel, low budgets, and tribal superstitions concerning surgery and blood transfusions. In conclusion, he lists the ideal qualities of a surgeon practicing in such areas. (FM)

7345 **Hardjowijono, G.** *Paediatric education: current policy at the medical school, Sriwijaya University, Palembang.* Paediatrica Indonesiana (Jakarta), 19(3/4), Mar-Apr 1979, 103-110. Engl. Second Asian Congress of Pediatrics, Jakarta, Indonesia, 1976.
The teaching of pediatrics in Indonesian medical schools should prepare students to carry out their future tasks as general practitioners or pediatricians within a health care system that is community-oriented rather than hospital-based. The pediatrics curricula of undergraduate and postgraduate training courses are outlined and discussed; factors limiting their implementation are examined. (DP-E)

7346 **Kam, C.A.** *Use of tutorials as a basis for teaching in a peripheral training hospital.* Singapore Medical Journal (Singapore), 19(2), Jun 1978, 106-108. Engl.
A system of tutorials designed to prepare students in peripheral training hospitals for Malaysian anaesthesiology examinations is described. The 1st phase, begun 6-9 months before the examination, helps the students organize their work and identify their own areas of weakness; the 2nd, 2-month, phase trains them in examination techniques. Of seven students trained using these methods, five were successful at their 1st attempt at the examination. (DP-E)

7347 **Morley, D.C.** *Continuing education for the health team in developing countries.* American Journal of Public Health (New York), 69(3), Mar 1979, 277-278. Engl.
The author points out the difficulties involved in providing physicians and other members of the health team with continuing education in a rural setting. Since they cannot leave their posts, training must be taken to them by means of correspondence courses, appropriate teaching aids, mass media, and visiting teachers. In many cases, the physician can play the role of teacher and tutor the other members of the health team. Because lack of

opportunities for such education is one reason why health personnel refuse to serve in rural settings, governments should make an effort to develop such programmes. (DP-E)

7348 **Mullan, F.** *Physicians for the underserved.* Public Health Reports (Rockville, Md.), 95(1), Jan-Feb 1980, 9-11. Engl.

The National Health Service Corps (NHSC) attempts to rectify the problem of physician shortages in the rural USA by providing scholarships for over 5 000 medical students, who must then serve in the NHSC on a year-for-year pay-back basis. Current physician training programmes do little to prepare these scholarship students to work in underserved areas. Suggestions are made for broadening medical education and improving rural care, principally by means of the NHSC's perceptorship programme and scholarship network, acclimation conferences, and appropriate publications. (DP-E)

7349 **Owens, J.C., Steiner, J., Hilfiker, J., Eversole, B.C.** *Continuing education for the rural physician.* Journal of the American Medical Association (Chicago, Ill.), 241(12), 23 Mar 1979, 1261-1263. Engl. 8 refs.

The University of Colorado, USA, has developed a continuing education programme designed to meet the needs of rural physicians. The course emphasizes emergency care of the injured and acutely ill and consists of a 2-day seminar presented in small communities for physicians in the area. The authors describe the organization and curriculum of the course and evaluate its effectiveness. Though problems remain in determining specific needs of rural physicians and measuring improvement in care, the programme has been well-received. Its flexibility and emphasis on local participation in its organization are particularly beneficial. (FM)

7350 **Rifkin, S.B.** *Health care in China: the experts take command.* Tropical Doctor (London), 10(2), Apr 1980, 86-90. Engl.

In the years since the death of Mao Tse Tung, medical schools in the People's Republic of China have experienced a shift away from Maoist policies (serving the common people, putting prevention before cure, etc.) and a push towards modernization and professionalism. Medical curricula are now being standardized, with greater emphasis on clinical subjects and less on social and political content. This paper describes the new curriculum and admission requirements of the Chengdu Medical College and discusses some of the problems and potential pitfalls associated with the new approach. (HC-L)

7351 **Setsungyar D., R., Neghme R., A.** *Educación para la salud en las prestaciones médicas. (Health education and medical care).* Revista Médica de Chile (Santiago), 107(5), May 1979, 443-446. Span.

This paper discusses approaches toward and methods of conducting health education that were gleaned from experiences gained through joint student/faculty projects in health education at the medical school of the University of Chile. The importance of the contact between health professional and patient and family in inspiring the confidence that is a necessary prerequisite to receptivity to health education is stressed. (HC-L)

7352 **WHO, Geneva.** *Education in human sexuality for health practitioners.* WHO Chronicle (Geneva), 29(2), 1975, 49-54. Engl.

Also published in French, Russian, and Spanish.

Based on the views of a WHO expert committee, this paper discusses the training needed by health professionals to enable them to deal with patients' sexual problems and how appropriate programmes in sexology might be introduced into their curricula. (HC-L)

7353 **WHO, Geneva.** *Communication in medical education.* WHO Chronicle (Geneva), 27(4), 1973, 153-156. Engl.

Also published in French, Russian, and Spanish.

Communication between medical school and public health authorities is necessary if medical curricula are to correspond to community needs; communication between departments within a medical school is necessary if educational reforms are to be implemented; communication between medical school and public is necessary if people are to have confidence in physicians; and communication between medical schools from different countries is necessary if the most effective use is to be made of educational facilities in all parts of the world. This paper summarizes the thoughts of a WHO working group on communication in medical education and what can be done to foster it. (HC-L)

7354 **Younis, Y.O., Gumaa, S.A.** *Sudanese women doctors: 1952-1977.* Journal of Tropical Medicine and Hygiene (London), 82(9/10), Sep-Oct 1979, 203-205. Engl.

This descriptive survey of 116 Sudanese women doctors provides information on training, place of work, and current employment and sphere of work. It is suggested that health planners in the country should take care to utilize these women to their fullest capabilities and avoid wasting available expertise. (DP-E)

IV.1.2 Auxiliary

See also: 7007, 7013, 7017, 7021, 7029, 7043, 7059, 7076, 7082, 7380, 7388, 7390, 7393, 7395, 7405, 7408, 7419, 7423, 7424,. 7431

7355 **Australia, Department of Health, Northern Territory.** *Aboriginal health worker training programme in the Northern Territory; a report of the work carried out by the Education and Training Task Force from 22 Nov. 1976 to 30 June 1977.* Darwin, Australia, Department of Health, Northern Territory, Jun 1977. 25p. Engl. 8 refs.

See also entry 7013.

This report outlines the aims of the Task Force, describes its methods, and evaluates the extent to which each

objective was met. The major recommendations include the expansion of the training programme, development of a post-basic course as well as specialized training, adequate preparation of teaching personnel, and the reorganization of the programme's structure to coordinate divisional, regional, district, and local levels. The report concludes by evaluating the Task Force itself and suggests that membership on future task forces be voluntary to ensure awareness of and support for the aims and roles involved. (FM)

7356 **Chandrakapure, M.R.** *Padgha Project, Maharashtra State, India.* In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 172-176. Engl.
For complete document see entry 7077.

A pilot project to improve health care in rural areas was begun in 1976 in Thane, Maharastra state, India. Community health workers (CHWs) are used to: treat minor illnesses; refer serious cases to the primary health centre; provide maternal child health care, family planning education, and preventive services for malaria, leprosy, tuberculosis, etc.; and improve environmental sanitation. The criteria for selecting these workers are listed. After 2 weeks of practical training, the CHWs are posted to their respective villages. A 10-day training camp on rural sanitation is also held. Evaluation shows that the project has led to improvements in birth and death registration and maternal child health programmes, as well as increases in immunization coverage and improvements in sanitation. (FM)

7357 **Galsandorj, B., Jadamba, Z.** *Rural health services in Monglia (sic).* In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 192-197. Engl.
For complete document see entry 7077.

The basic level of health care in rural Mongolia is provided by brigade feldshers who receive 4 years of training after 8 years of general schooling. Under the supervision of physicians, they provide medical treatment and maternal child health services, carry out sanitary and epidemiological activities, promote health education, distribute medicine and drugs, and maintain health records. Major activities of the physician's post include in- and outpatient care, home visits, medical examinations, supervision of feldshers, collection of health statistics, and provision of sanitary services, health education, and immunization. (FM)

7358 **Korea Health Development Institute, Seoul.** *Report of workshop on evaluation of new health workers in primary health care; August 29-September 1, 1979.* Seoul, Korea Health Development Institute, n.d. 177p. Engl.
Workshop on the Evaluation of New Health Workers in Primary Care, Cheju, Korea, 29 Aug-1 Sep 1979.

This report contains the workshop proceedings and recommendations, texts of the 7 papers and 9 case reports presented, the agenda, a list of participants, and a summary of the workshop evaluation. Topics covered in the papers include methods for evaluating village health workers, their functions and role, and training. The case reports are activity reports presented by actual village health workers deployed at that time in Korean communities. Many papers contain statistical data. (DP-E)

7359 **Lamptey, P.R., Nicholas, D.D., Quartey-Papafio, E.** *Training village health workers in rural Ghana.* World Health Forum (Geneva), 1(1/2), 1980, 54-56. Engl. 12 refs.

As part of the Danfa District Comprehensive Rural Health and Family Planning Project, Ghana, 20 multipurpose village health workers (VHWs) were trained in an 11-week course to provide primary health care. This paper describes the selection, training, and supervision of the VHWs and the role of the community in the same and discusses the factors that militate in favour of their successful deployment. (HC-L)

7360 **Malyar, A.R.** *Primary health care in Afghanistan.* In Sepúlveda, C., Mehta, N., eds., Community and Health; an Inquiry into Primary Health Care in Asia, Bangkok, UN, Asian and Pacific Development Institute, UNAPDI Health Technical Paper No. 35/BCS 4, 1980, 157-161. Engl.
For complete document see entry 7077.

A village health workers' (VHWs) project has been implemented in Afghanistan to improve village level health care in isolated areas and establish an integrated rural health delivery system. The job description for the VHWs (*roghtiamal*) emphasizes health education to improve the health habits of villagers. They also provide immunization and treatment of simple, prevalent diseases, referring more complicated cases to the nearest basic health centre. The author lists requirements for the selection of both workers and villages. Training is local, brief, and oriented towards practical experience. There are five levels of supervision, from village level to national. A variety of surveys will evaluate the effectiveness of the programme. (FM)

7361 **Pengle, London.** *Costa Rica: bringing health — by bike, boat and bus.* People (London), 7(2), 1980, 16-17. Engl.
Also published in French and Spanish.

Costa Rica's primary health care system is founded on the health post, which is staffed by two workers, an auxiliary with 1 year training and an assistant with 4 months training, who visit local families within 15 km of the post using all available means of transportation. The assistant's daily routine and functions are described. The emphasis is on maternal child health and health education, although curative care is also provided. The activities of associated education and nutrition centres are also outlined. (DP-E)

7362 **Romero Cabello, R., Nicolás Cisneros, J., Reyes Retana, G., Corla Cano, R., González Pacheco, A.** *Técnico en salud comunitaria: una alternativa en la formación de recursos humanos para la salud. (Community health technician: an alternative approach to health manpower training).* Educación Médica y Salud (Washington, D.C.), 13(3), 1979, 243-258. Span.

The needs of Mexico's rural communities demand a health worker who can analyze a given set of health problems in their totality and propose solutions that may not fall strictly within the medical sector. Such a worker must also promote integrated community development as well as provide the initial point of contact with the health services. This paper proposes a job description and curriculum for a middle-level auxiliary — the community health technician — to fulfill this role. (HC-L)

7363 **Vaughan, J.P.** *Barefoot or professional? Community health workers in the Third World; some important questions concerning their function, utilization, selection, training and evaluation.* Journal of Tropical Medicine and Hygiene (London), 83(1), Feb 1980, 3-10. Engl. 8 refs.

The author explores issues relating to the function, utilization, selection, training, and evaluation of community health workers. He examines different categories of such workers and the extent to which their roles emphasize curative or preventive health and scientific or traditional medicine. Problems of accountability, supervision, career structures, community acceptance, and remuneration are also discussed. Questions concerning the selection process include the importance of age, sex, previous education, and traditional experience. The development of effective training programmes requires agreement on skills to be taught and training methods used. Other training issues include the provision of training centres and time frames of programmes. Finally, regular evaluation is needed to assess the effectiveness of any scheme promoting community health workers. (FM)

IV.2 Nursing Personnel

IV.2.1 Professional

See also: 7085, 7352, 7429.

7364 *Oil rich, nurse poor: the nursing crisis in the Persian Gulf.* Nursing Outlook (New York), 28(4), Apr 1980, 238-243. Engl. 17 refs.

In this examination of the present nursing crisis in the Persian Gulf countries, the authors illustrate how the area's history and traditions are contributing factors. While changes are becoming evident, e.g., unveiling of women, presence of foreigners, etc., the problems encountered are largely the result of male attitudes towards women and the image and status of nursing itself. It is suggested that nursing education should fall under the jurisdiction of the ministries of education and the universities, with the ministries of health collaborating but not controlling the requirements. A number of recommendations for improving the situation are put forward. (EB)

7365 **Abarca, A. de, Chang, M., Mejías, M.J., Ramos, C. de, Haddad, J.** *Enfermería en el Plan Nacional de Salud de Honduras. (Nursing in the national health plan of Honduras).* Educación Médica y Salud (Washington, D.C.), 13(4), 1979, 351-362. Span.

With a view to extending health services coverage, the ministry of health of Honduras has reorganized its health services into a regionalized, 6-tiered system, the mainstay of which is the nursing profession. This paper describes the role of the nurse within each level of services and in the planning and administration of the system as a whole. (HC-L)

7366 **Association of Operating Room Nurses, Denver, Colo.** *Barefoot nurses volunteer in Yemen.* Association of Operating Room Nurses Journal (Denver, Col.), 30(41), Oct 1979, 748-749. Engl.

The experience of two nurses (a married couple from the USA) serving in the Peace Corps in Yemen are described. Due to cultural restrictions, the female nurse found limited opportunities for social interaction but a variety of medical challenges assisting in the operating room and running a child health clinic. In addition to his other duties, her husband headed the X-ray department and initiated a variety of hospital procedures especially adapted to local situations, such as bare feet in the operating room to avoid tracking in dust. (DP-E)

7367 **Chye, T.C.** *Home nursing services.* Nursing Journal of Singapore (Singapore), 19(1), Jul 1979, 7-8. Engl.

In a speech honouring the recipient of a Home Nursing Foundation Award, the author outlines the importance of home nursing services in Singapore. The advantages of treating chronically ill, non-ambulatory patients in their homes are many. As well as providing a more humane, familiar environment for the patient, home care is more economical and frees desperately needed hospital beds for acute care. The close relationships that develop between nurses, patients, and family also foster a better understanding of terminal diseases. The author suggests that the service should be extended and the public made aware that at-home care is the best method of treating chronic cases. (FM)

7368 **Hernando, J.P.** *Manpower development.* Newsette (Manila), 18(2), Apr-Jun 1978, 8-15. Engl.

The author examines ways in which nursing education in the Philippines can be reconciled to the present-day functions of the nurse. Recommendations are presented for the development of an up-dated nursing curriculum and suitable manpower policies, with a schema outlining the issues and supporting facts. (DP-E)

7369 **Nuss, Z.P.** *Health services and their implications to nursing.* Newsette (Manila), 18(2), Apr-Jun 1978, 23-27. Engl.

This paper briefly discusses the role and possible training needs of the community health nurse in the Philippines *vis-à-vis* the government's restructured health care delivery service, immunization programme, family planning programme, nutrition services, sanitation programme, mental health programme, and rural health programme. (HC-L)

7370 **Olidén, B.T. de, Millán, M. de** *Desarrollo de la educación de enfermería en Bolivia. (Development of nursing education in Bolivia).* Educación Médica y Salud (Washington, D.C.), 13(4), 1979, 380-388. Span.

This paper traces the history of nursing education (both professional and auxiliary) in Bolivia from 1938 up to the present, with emphasis on changes aimed at adapting the curriculum to community needs. (HC-L)

7371 **Treuting, E.G. Betts, W.A.** *Eye opener: the use of a family nurse practitioner in a rural Indian setting.* New Orleans, La., Tulane University, School of Public Health and Tropical Medicine, 1978. 20p. Engl. 11 refs.

Three family nurse practitioners assigned to the Choctaw Indian health clinics in Mississippi state, USA, as the result of an agreement among Tulane University, the National Health Service Corps, and the Choctaw Health Department, have been well-accepted and satisfy previously unmet needs in health care. They provide administrative and technical supervision to the various technicians and health workers associated with the Choctaw Health Department, health care to those attending the clinic, and training to tribal health assistants. Because of the heavy demand on their services, it is suggested that their number be increased or their services curtailed. Statistical data are included. (AF)

7372 **Webb, C.** *New nursing education programme for independent Mozambique.* International Nursing Review (Geneva), 26(2), Mar-Apr 1979, 41-48. Engl.

A new programme to improve nursing education in Mozambique is based on the modular approach, consisting of an introductory course followed by basic and specialist modules varying in number and duration according to the job requirements for the two levels of nurses. Emphasis is on the integration of all subjects and on practical as well as theoretical aspects. Because of the low educational levels of most nursing students, the course also stresses basic nursing principles. The objectives of the programme are outlined and the curriculum for the introductory course is described. Proposals for evaluating student progress are also discussed. (FM)

7373 **WHO, Geneva.** *Community — new focus for nursing.* WHO Chronicle (Geneva), 29(3), 1975, 91-96. Engl.

Also published in French, Russian, and Spanish. Members of a WHO expert committee examined the potential role of nurses in community health. They recommend sweeping changes in nursing educaton and service to reflect a new emphasis on health, rather than on disease, and on people, rather than on institutions. Community health nurses should have a much wider range of responsibilities, becoming generalists able to perform many of the diagnostic and therapeutic tasks now carried out by general practitioners. They also have an important teaching role as instructors of auxiliary health personnel. Community nursing should be seen as the foundation of all nursing practice, with a logical progression from tending the sick at home to caring for hospitalized patients. The policy and planning implications of these changes are also discussed. (FM)

IV.3 Midwives and Family Planning Workers

IV.3.1 Professional

See also: 7352, 7418, 7421, 7422.

7374 **Ezeilo, A.D.** *Community health and the midwife.* International Journal of Gynaecology and Obstetrics (Baltimore, Md.), 17(2), Sep-Oct 1979, 131-134. Engl.

The role of the midwife in community health in Nigeria is described. The training of Grade 2 midwives (2 years apprenticeship), Grade 1 midwives (2 years formal training), and nurse-midwives (nurses with 1 year midwifery training) is outlined. As the only health worker available in many rural areas, the midwife has a unique opportunity to become involved in all areas of health care delivery, particularly those of health education and promotion, nursing services, community diagnosis, and child health. The main obstacle to the midwife's expanded role is the shortage of midwives themselves. (DP-E)

7375 **Leyton, A.P.** *Working with families from Bangladesh.* Midwife, Health Visitor and Community Nurse (London), 15(12), Dec 1979, 501-505. Engl.

After describing family life in rural Bangladesh, the author briefly outlines ways in which health visitors and district midwives can help to improve the quality of life in this area, especially for women. The main activities that should be carried out are antenatal care, breastfeeding, baby and child care, weaning and infant feeding, health education, family planning, and elementary English classes. (DP-E)

7376 **Nwuna, N.O.** *Role of the community nurses/midwives in the basic health scheme and their prospects.* Nigerian Nurse (Lagos), 11(2), Apr-Jun 1979, 10-11. Engl.

After a brief description of her training, the role of the community nurse-midwife in Nigeria's basic health scheme is outlined. Her activities include primary care, midwifery, immunization, health education, and the provision of maternal child health services. Within the system, she can advance by taking special training courses

that qualify her as a community health supervisor or a community health officer. (DP-E)

7377 **Wihajosastro, H.** *Midwife in Indonesia.* International Journal of Gynaecology and Obstetrics (Baltimore, Md.), 17(2), Sep-Oct 1979, 128-130. Engl. 8 refs.

Because 80%-90% of deliveries in Indonesia are conducted by *dukuns*, it is suggested that additional nurse-midwives be trained to provide adequate supervision and support for these traditional birth attendants and further extend the country's maternal child health services. A 3-year curriculum for nurse-midwives is presented and recommendations are made for expanding their roles and duties. (DP-E)

IV.3.2 Auxiliary

See also: 7061, 7184, 7211, 7377, 7416.

7378 **Bolin, H.** *Sudanese part-time village health workers.* IPPF Medical Bulletin (London), 14(1), Feb 1980, 2-4. Engl.

Training programmes for local community birth attendants have been underway in the Sudan since 1919 and now there is at least one training school in every district, qualifying 350 village midwives every year. Village midwives differ from traditional birth attendants in that they receive formal training from the beginning, are registered, and have legal recognition. Carefully selected, they return to their own villages after training and play an active role in antenatal and postnatal care, as well as conducting deliveries and promoting family planning. They have gained the respect of the people they serve and have proved the effectiveness of programmes emphasizing community involvement and self-reliance. (FM)

7379 **Peng, J.Y.** *Role of traditional birth attendants in family planning programs in Southeast Asia.* International Journal of Gynaecology and Obstetrics (Baltimore, Md.), 17(2), Sep-Oct 1979, 108-113. Engl. 8 refs.

The training and utilization of traditional birth attendants (TBAs) in maternal child health and family planning programmes in Indonesia, the Philippines, Thailand, and Malaysia are discussed. Special efforts to organize and train TBAs for family planning in Malaysia are examined in detail. Important factors for successful utilization of TBAs include the assignment of definite functions and tasks, the organization of appropriate operational steps, and the implementation of suitable supervisory activities. (Modified journal abstract)

7380 **Warren, D.M., Tregaskis, M.A.** *Research report: indigenous healers and primary health care in Ghana.* Medical Anthropology Newsletter (Pleasantville, N.Y.), 11(1), Jan 1979, 11-13. Engl.

Ghana's efforts to extend primary health care to its rural population by incorporating traditional practitioners into the organized health services are briefly described. Two training programmes for traditional birth attendants (TBAs) have been so successful (during a 5-day nurses' strike, five hospital TBAs handled 15 normal and 1 breech delivery) that an additional training programme for other indigenous healers was initiated in 1979. Up to 10 healers from each village were to be taught the rudiments of environmental health, nutrition, health education, family planning, and allopathic medicine by means of experimental methods. (DP-E)

IV.4 Dental Personnel

IV.4.2 Auxiliary

7381 **Barr, J.K., Barr, C.E.** *Structure of the dental profession and the use of auxiliaries in Latin America.* Social Science and Medicine (Aberdeenshire, UK), 14A(2), Mar 1980, 107-111. Engl. 40 refs.

This paper examines the characteristics of the dental profession in Latin America and explores the relationship of the structure of the profession to the development and use of dental auxiliaries in some countries. In general, successful auxiliary programmes have been those operating out of government facilities in rural or underserved areas (Ecuador, Venezuela) where the auxiliaries have not been perceived as potential competitors for the affluent minority who form the dentists' clientele. (HC-L)

IV.5 Laboratory and X-ray Technicians

7382 **Alausa, K.O., Saghetun, A.O.** *Microbiological laboratory health services in Nigeria; II: manpower development.* Nigerian Medical Journal (Lagos), 9(3), Mar 1979, 301-305. Engl.
Annual General Conference of the Nigerian Medical Association, Kaduna, Nigeria, 28-30 Apr 1977.
See also entry 7030.

The author first outlines the inadequacies of health manpower development for microbiological laboratory services in Nigeria, emphasizing the lack of coordination of planning, production, and management. Production of health manpower often does not take into account the real needs of the health service. Suggestions are made for improving health manpower development. The various categories of personnel involved in health laboratory services are listed, along with recommended academic and specialized training requirements, job descriptions for professional laboratory staff (pathologists and scientific officers) as well as for technical staff (laboratory technicians, laboratory assistants, and laboratory aides are also included). Emphasis is placed on continuing in-service training for all categories. (FM)

IV.6 Environmental Health Workers

See also: 7296.

7383 **Chà, H.D.** ***Formation des cadres sanitaires ruraux dans la République Socialiste du Viêtnam. (Training of rural health personnel in the Socialist Republic of Vietnam).*** Santé Publique (Bucharest), 21(1/2), 1978, 3-11. Fren.

Comparing statistical data from 1945 on several villages with data from 1976, the author presents a wide picture of the development of health care in Vietnam. He emphasizes the role of village sanitary centres (the smallest unit in the health care system) and describes recent improvements in the training of rural medical personnel. The specific character of medical work in rural areas implies different organizational problems that must be solved in order to provide satisfactory medical care. Special attention is paid to prospective problems for the next 10 years, mainly the training of adequate personnel to staff each communal health centre. (Modified journal abstract)

7384 **WHO, Geneva.** ***From sanitary engineering to environmental health; engineering education faces the future.*** WHO Chronicle (Geneva), 25(1), 1971, 25-28. Engl.

Also published in French, Russian, and Spanish.

In the next 30 years, it is expected that sanitary engineers will be involved not only in the prevention of communicable diseases but also in the preservation of a healthy environment for future generations. This paper discusses the role of environmental health engineers and the place of the humanities and social services, systems analysis, computer technology, and epidemiology in their ever-broadening education. (HC-L)

IV.7 Occupational and Physical Therapists

7385 **Kumar, P.** ***Rehabilitating blind patients.*** Partners (London), (7), n.d., 11-13. Engl.

Also published in French and Hindi.

When leprosy sufferers become blind — as some 5% of them eventually do — their adaptation is rendered difficult by primary and secondary deformities of the extremities. This paper describes a set of techniques whereby the functional ability of such patients may be assessed and improved. (HC-L)

IV.8 Health Educators

See also: 7352.

7386 **Carlaw, R.W.** ***Trends in the organization of health education in three developing countries.*** International Journal of Health Education (Geneva), 23(2), Apr-Jun 1980, Suppl., 1-14. Engl.

Health education trends and policy issues in Indonesia, Papua New Guinea, and Nepal are examined in considerable detail. It is concluded that Nepal appears to have reached stage 1 of health education development, where the village health educator is the main worker, while Papua New Guinea has reached stage 2, when most health educators hold diplomas. Indonesia, in stage 3, relies heavily on health education specialists. The strengths and weaknesses of each stage are discussed. (DP-E)

7387 **Kimbi-Kiaku, N.M., Kiama, M.V., Courtejoie, J., Rotsart de Hertaing, I.** ***Health promotion in Zaire.*** World Health Forum (Geneva), 1(1/2), 1980, 62-66. Engl.

In 1962, nurses at the Kangu Hospital, Zaire, enlisted the help of local high school students in the development of teaching materials for a malaria prevention/intestinal parasite control project. By 1965, the demand for further teaching materials had resulted in the formation of the Health Promotion Centre, which today provides health education materials on a variety of topics, modern textbooks for paramedical education, and simple scientific information on major public health problems. It also offers a 2-year training programme for health education auxiliaries. (HC-L)

7388 **Remilheff, S.** ***Expérience de soins de santé primaires et d'éducation sanitaire en Mauritanie. (Primary health care and health education in Mauritania).*** Médecine Tropicale (Marseilles, France), 39(5), Sep-Oct 1979, 565-569. Fren.

A pilot project is underway in Mauritania to train local health workers and health educators. During a 1-month instruction period, volunteers receive some basic training in hygiene, infectious diseases, and primary therapy using a few commonly-available drugs. In 2 years, the project has yielded encouraging results, such as increases in the number of pulmonary tuberculosis cases detected and in the population attending vaccination clinics. Careful selection of participants is considered a key factor in the success of the programme. (Modified journal abstract)

7389 **Ritchie, J.A.** ***Bridging the gap — some problems of communication and empathy in nutrition education.*** Food and Nutrition (Rome), 5(2), 1979, 11-17. Engl.

Most nutrition programmes in developing countries have had little effect in reducing child malnutrition, due, in part, to a lack of understanding between health educators and the rural families they serve. The author explores the reasons for this gap and offers suggestions for improving relations between health workers and their clientele. Poor job conditions often discourage field workers, whose backgrounds are often sufficiently different from that of the rural population to make acceptance difficult. Many nutrition education programmes are based on Western models and bear little relevance to local problems. The training curriculum for nutrition and health educators should emphasize practical solutions to local problems using local resources, cooperation with community members, and a clear understanding of local customs. (FM)

IV.9 Teaching Aids

IV.9.1 Health Care, Nutrition, and Disease Control

See also: 7006, 7297, 7304, 7311, 7318, 7387.

7390 **Abbatt, F.R.** *Teaching for better learning: a guide for teachers of primary health care staff.* Geneva, WHO, 1980. 137p. Engl.

Many teachers of auxiliary health workers in the developing countries are individuals with considerable subject knowledge and field experience but little exposure to modern teaching methods. This manual explains in a thorough, step-by-step manner and conversational style how to decide exactly what students should learn, how to choose suitable teaching methods, how to evaluate whether learning objectives have been met, and how to prepare appropriate teaching materials and manuals. A glossary of terms related to the teaching/learning experience is included. (HC-L)

7391 **Abels, M.T.** *Supplying water to villages.* Children in the Tropics (Paris), (126), 1980, 2-33. Engl. Refs.

This handbook, written to help villagers in South Saharan Africa supply water to their villages, may be adapted for use in other regions. The author outlines means of improving springs; instructs how to recover rain water by the erection of a dam or collective water tank; explains the building of a well; describes simple devices for drawing water such as by rope, chain, bucket conveyor, and pump; teaches how to install a pump; and lists locally available energies that may be used for pumping water (human, wind, hydraulic, etc.). Statistical data and many illustrations are included. (AF)

7392 **Appropriate Health Resources and Technologies Action Group Ltd., London.** *Low cost physiotherapy aids.* London, Appropriate Health Resources and Technologies Action Group Ltd., 1982, 45p. Engl.

This document illustrates in clear drawings the construction and use of many different physiotherapy aids that can be made at little or no cost. There are written hints on making and using the aids and a list of tools needed (saw, chisel, hammer, drill). The aids include vices, long reachers (tongs), and exercisers for various parts of the body. (DVK)

7393 **Australia, Department of Health, Northern Territory, Education and Training Task Force.** *Aboriginal health worker training program; post basic health course teacher guide. 1 edition.* Darwin, Australia, Department of Health, Northern Territory, Aug 1977. 1v.(various pagings). Engl.

This guide for teachers of Aboriginal community health workers is organized around 8 units that can be presented in any order. Unit 1 covers concepts of health and factors affecting health and illness. Unit 2 examines man and his environment, covering such topics as community health, occupational and environmental health, and housing. Unit 3 studies growth and development, including maternal child health. The diagnosis and treatment of common sicknesses is outlined in unit 4, while unit 5 describes simple medical tests. Unit 6 presents basic steps involved in taking case histories and conducting physical examinations, while unit 7 discusses medicines and their uses. The final section examines health services, programmes, and record-keeping. (FM)

7394 **Australia, Department of Health, Northern Territory.** *Aboriginal health workers book; basic skills course.* Darwin, Australia, Department of Health, Northern Territory, 1979. 97p. Engl.

This handbook is designed to teach basic medical skills to Aboriginal health workers in rural health centres in Australia. Simplified instructions, accompanied by ample illustrations, stress the importance of clean water, safe disposal of sewage and garbage, and proper food handling. Basic skills involve the treatment of injuries and common illnesses such as diarrhea, colds, infections, eye diseases, and malnutrition. The care of pregnant women and proper delivery procedures are also covered. Final chapters describe essential equipment and outline the organization and operation of a rural health centre. (FM)

7395 **Australia, Department of Health, Northern Territory.** *People's health; aboriginal health worker training program; post basic health course.* Darwin, Australia, Department of Health, Northern Territory, Feb 1979. 21p. Engl.

This handbook, designed for Aboriginal health workers in rural Australia, supplements topics covered in units 1-2 of the post-basic training course. In simplified language, with ample illustrations, it defines health and sickness, care of the sick, basic needs of people, and factors affecting health such as personal habits and environmental hazards. A 2nd selection describes the family and community units and discusses the effects of social and cultural change on tribal societies. Each topic is followed by questions designed to promote discussion and expand the ideas presented. (FM)

7396 **Browne, S.G.** *Problem of dapsone resistance.* Partners (London), (7), n.d., 3-10. Engl.
Also published in French and Hindi.

This paper, which is intended for paramedical leprosy workers, discusses the precipitating factors, clinical signs, clinical and laboratory diagnosis, treatment, and presentation of dapsone-resistant leprosy. (HC-L)

7397 **Browne, S.G.** *Nerves in leprosy; when are nerves damaged?* Partners (London), (7), n.d., 14-16. Engl.
Also published in French and Hindi.

This paper discusses the destruction of nerve fibres associated with the various forms of leprosy (lepromatous and tuberculoid) and how such destruction may be detected, in the form of sensory and/or motor impairment, by the paramedical leprosy worker. (HC-L)

7398 **Cheesbrough, M.** *Medical laboratory manual for tropical countries. v.1, 1 ed.* Hertford, UK, Stephen Austin and Sons, 1981. 519p. Engl.

Compiled to assist laboratory workers in developing countries, this manual deals with: the laboratory and its functions, safety measures, and equipment; the arrangement of the health centre; the anatomy and physiology of the human body, including its respiratory, circulatory, urinary, digestive, nervous, endocrine, and reproductive systems; parasites, helminths, and insects, including their life cycles, and treatment of parasitic diseases; and clinical chemistry, with emphasis on its capabilities and tests for medical disorders. Three appendices follow with preparations for solutions listed in the text and a comprehensive list of suppliers' names and addresses. Many diagrams and photographs are used in the text. (AF)

7399 **Dalifard, G., Pinon, B.** *Extractions dentaires (2e partie). (Dental extractions (2nd part)).* Développement et Santé (Paris), (20), 1979, 22-26. Fren.

The authors describe the step-by-step procedures involved in extracting a badly diseased tooth. Each of the three steps (anaesthesia, extraction, and post-operative care) is divided into three sections covering material and tools required, different techniques to be used in various cases, and possible complications that may arise in each step. Illustrations cover a variety of tools, the location of the major nerve, and types of incisions. (FM)

7400 **Davies, H.** *Tsetse flies in Nigeria; a handbook for junior control staff. 3 edition.* Ibadan, Nigeria, Oxford University Press, 1977. 340p. Engl.

This illustrated handbook is intended for the majority of African tsetse workers, most of whom have a secondary education at best and a limited scientific background. It presents in a simple and straightforward manner information on: the classification, distribution, anatomy, physiology, identification, food, reproduction, and behaviour of the various species of *Glossina*; disease transmission; breeding places; survey and capture techniques; tsetse fly-rounds; control and eradication by pesticides and other methods; climate; vegetation; wild animals; and other biting flies. There are nine appendices, a glossary, and an index. (RMB)

7401 **Dowling, M.A.** *Audiovisual media in health teaching.* WHO Chronicle (Geneva), 26(1), 1972, 3-6. Engl.

Also published in French, Russian, and Spanish. Audiovisual aids can play an important role in the training of health manpower, particularly where student:teacher ratios are high; appropriate material, however, is not always easily come by in the developing countries. This paper outlines WHO's involvement in the evaluation and testing of existing and new teaching aids, the channelling of information on sources of appropriate equipment through regional offices to institutions and teachers, the study of teachers' actual needs, the establishment of central and mobile media (teaching and demonstration) centres, and other aspects of educational technology. (HC-L)

7402 **Food and Nutrition Research Institute, National Science Development Board, Manila.** *Menu guide for Ilocos region.* Manila, Food and Nutrition Research Institute, National Science Development Board, Feb 1982. 8p. Engl.

This brochure was prepared for the Philippine Nutrition Program and is intended primarily for use by professional groups and/or community workers and home management technicians, although it would be of interest to anyone involved in nutrition work. It presents a menu guide in chart form, a daily market order guide for a family of six, and recipes using foods indigenous to the Ilocos region that are recommended in the menu guide. (DVK)

7403 **Hornby, P., Ray, D.K., Shipp, P.J., Hall, T.L.** *Guidelines for health manpower planning; a course book.* Geneva, WHO, 1980. 368p. Engl.

Written in 1980 for WHO, this course for health manpower planning to be used in the training of health service managers, planners, and educators, consists of 12 workshop sessions. Separate sessions cover steps to manpower planning, existing manpower and services, future supply of manpower, manpower requirements, mismatches between supply and requirements and their solution, organizational and management problems, manpower strategy and outline plans, implementation and monitoring, etc. There is a questionnaire to be completed before the course, as well as an exercise and questionnaire at the end of each session. (AF)

7404 **India, Department of Family Planning.** *Manual on immunization.* New Delhi, Department of Family Planning, Mass Mailing Unit, n.d. 44p. Engl.

This manual on immunization, written by India's Department of Family Planning, discusses the general principles of immunity and the role of health education in immunization programmes. Separate chapters describe in detail and with line drawings techniques for BCG vaccination and for immunization against diphtheria, whooping cough, tetanus, poliomyelitis, smallpox, typhoid, cholera, and rabies. Information is given on equipment, vaccination schedules, transporting and storing vaccines, complications and contraindications, etc. (AF)

7405 **India, Ministry of Health and Family Welfare.** *Manual for community health worker.* New Delhi, Ministry of Health and Family Welfare, 2 Oct 1978. 1v.(various pagings). Engl.

This clearly written and well-illustrated manual, compiled in 1978 by India's Ministry of Health and Family Welfare, is a guide and reference for community health workers. Separate chapters cover modern treatment or techniques for malaria, smallpox, communicable diseases, environmental sanitation and personal hygiene, immunization, family planning, maternal and child health, nutrition, first aid, minor ailments, and mental health. Further chapters examine Ayurvedic, Yoga, Unani, Siddha, homeopathy and naturopathy medicines as well as the use and administration of Ayurvedic, Unani, and

Siddha drugs. The last chapter illustrates and describes various medicinal herbs and their uses. (AF)

7406 **Katz, F.M., Snow, R.** *Assessing health workers' performance; a manual for training and supervision.* Geneva, WHO, Public Health Papers No. 72, 1980. 175p. Engl.
Also published in French and Spanish.
Written for those who design, teach, and evaluate training programmes for health workers, this book describes alternative approaches to performance assessment and the main considerations involved in adopting any particular assessment strategy. Part I is concerned with principles and methods and covers: performance assessment; a framework for performance assessment; assessment strategies, guiding principles, and techniques; planning assessment strategies and procedures; and two examples of performance assessment procedures. Part II gives a few examples of methods currently in use for the assessment of health workers' performance. It is stressed that this is not a textbook on educational measurement or appropriate assessment procedures in a particular situation. (AF)

7407 **Larivière, M.** *Parasitologie tropicale: les grandes endémies — epidémiologie — prophylaxie. (Tropical parasitology: the major endemic diseases, their epidemiology, and their prevention).* Paris, Foucher, Professions Médicales et Sociales, No. 3, 1978. 226p. Fren.
This concise, readable manual, which is directed to students, nurses, midwives, etc., examines the major parasitic diseases with reference to their life cycles, geographical distribution, clinical features, diagnosis, treatment, and prevention. The diseases are grouped according to the characteristics of their cycles (e.g., short and direct, long and indirect, etc.) and informative diagrams of the same are included. (HC-L)

7408 **Leprosy Mission, London.** *Partners.* London, Leprosy Mission. Engl.
Also published in French and Hindi.
This biannual publication contains many useful and informative articles especially geared to the needs of the paramedical leprosy worker. It may be obtained in English from 'Partners,' the Leprosy Mission, 50 Portland Place, London W.1, England; in English or Hindi, from the Leprosy Mission, Massey Hall, Jai Singh Road, New Delhi 110001, India (for subscribers in India, Nepal, Bhutan, Sri Lanka, and Burma); and in French, from La Mission Evangélique contre la Lèpre, Chemin de Rêchoz, 1027 Lonay VD, Switzerland. (HC-L)

7409 **Leprosy Mission, London.** *Leprosy A to Z.* Partners (London), (7), n.d., 18-19. ENgl.
Also published in French and Hindi.
In simple, clear terms, this paper defines — for the benefit of paramedical leprosy workers — the following words and phrases that are used to describe nerve damage associated with leprosy: sensory modalities, mis-reference, paraesthesiae, causalgia, and subsultus tendium. (HC-L)

7410 **Leprosy Mission, London.** *How not to catch leprosy — part 1.* Partners (London), (7), n.d., 19-20. Engl.
Also published in French and Hindi.
Scientific evidence indicates that the lymphocytes of most leprosy workers show signs of having been exposed to — and effectively dealt with — leprosy germs. On the other hand, the fact that living leprosy germs leave the body in great numbers through the nose of a person suffering from untreated lepromatous leprosy makes some commonplace precautions advisable. This article is intended to reassure leprosy workers who worry about contracting this disease themselves; its sequel will give some practical hints on avoiding contamination. (HC-L)

7411 **Okoro, A.N.** *Pictorial handbook of common skin diseases.* London, Macmillan, Concise Clinical Medicine in the Tropics, Macmillan International College Editions, 1981. 200p. Engl.
This handbook of primarily tropical common skin diseases has been written for medical practitioners, nurses, midwives, health visitors, and community health workers to help them recognize, diagnose, and treat the diseases described. It also provides valuable information for students. There are copious colour and black and white photographs plus line drawings used in the description of the diseases, which include bacterial, parasitic, fungal, and viral infections, leprosy, eczema and dermatitis, allergic and other eruptions, disorders associated with malnutrition and pigmentation, acne, tumours, etc. Simple examinations and tests are also presented. There are an index and a bibliography. (DVK)

7412 **Pan American Health Organization, Washington, D.C.** *Guide to emergency health management after natural disaster.* Washington, D.C., Pan American Health Organization, Scientific Publication No. 407, 1981. Engl. 13 refs.
Also published in Spanish as *Administración sanitaria de emergencia con posterioridad a los desastres naturales.*
Intended for use by decision-makers and senior administrators in disaster-prone developing countries, this guide presents a framework within which rational and effective decisions about relief measures can be made. Dealing primarily with the 1st 3- or 4-week period immediately following natural disasters, it covers coordination of national relief activities and assessment of health needs, management of mass casualties, epidemiologic surveillance and disease control, environmental health management, food and nutrition, management of health relief supplies, planning, layout and management of temporary settlements and refugee camps, communications and transport, management of international relief assistance, reestablishing normal programmes, and disaster preparedness. Annexes include a description of agencies and organizations providing relief and a bibliography. (EB)

7413 **Rotem, A., Page, C.F.** *Am I a good teacher — how can I be even better? A guide for teachers of health workers.* Geneva, WHO, 1980. 33p. Engl. 16 refs.

These guidelines were designed for teachers of health workers to assist them in identifying their strengths and weaknesses and to provide them with suggestions for improving their teaching methods. Section 1 describes student evaluation questionnaires and evaluations by colleagues and observers. Sections 2 and 3 involve establishing priorities and concentrating on specific teaching tasks, such as planning, communicating, providing resources, assessment, counselling, and keeping abreast of current research. Sample questionnaires are provided for each task to determine teacher effectiveness. A reading list on specific topics is included. (FM)

7414 **Skeet, M.** *Family care; how to look after yourself and your family.* London, Macmillan Press Ltd., Macmillan Tropical Community Health Manuals Series, 1981. 126p. Engl.

This reference and training manual is intended primarily for health workers dealing with rural women in developing countries. There are four major parts: what influences health (shelter, food, sanitation), mother and baby care (pregnancy, birth, caring for baby), how to look after someone who is ill (care, observation, administering medicine, common illnesses, and prevention), and how to prevent accidents and what to do when someone has one. The author gives suggestions on how to adapt the book to local situations. It is profusely illustrated with simple drawings and an appendix contains the names and addresses of organizations from which teaching aids can be obtained. (DVK)

7415 **WHO, Geneva.** *Planning oral health services.* Geneva, WHO, WHO Offset Publication No. 53, 1980. 49p. Engl.

This WHO handbook on oral health services planning discusses principles and planning approaches, including situation analysis; measurable goals; manpower production goals; monitoring and evaluation; buildings, equipment, and supplies; costing of the plan; and summary of planning steps. Examples of oral health plans outline the measurable goals for a 10-year period, services and manpower requirements, and evaluation and costing that can be obtained using minimal, moderate, increasing, and plentiful resources. Statistical data are included. (AF)

IV.9.2 Family Planning and Midwifery

See also: 7002, 7004, 7394, 7401.

7416 **Cruz, G., García, F.D., Cameron, C.** *Training manual for the HILOT aide.* Quezon City, Philippines, Institute of Community and Family Health, 1976. 57p. Engl.

This training manual is intended for *hilot* aides, traditional Filipino birth attendants who have already received some training in maternal child health and family planning. It provides a general orientation to the training programme and presents information and instructions concerning antenatal, delivery, and postpartum care, childhood diseases and nutrition, family planning, and the *hilot*'s relationship with health agencies, her clients, and her peers. (DP-E)

7417 **France, Ministère de la Santé et de la Sécurité Sociale.** *Conception; contraception. (Conception; contraception).* Paris, Berger-Levrault, n.d. 47p. Fren.

This booklet was designed to provide social and auxiliary health workers with basic information on human sexuality and birth control. Section 1 covers the physiology of male and female reproductive organs. Section 2 examines fertility, and conception, and factors affecting fertility. Section 3 covers contraception and describes the advantages, disadvantages, and effectiveness of various contraceptive methods. The final section covers the legal and medical aspects of abortion. (FM)

7418 **Wheeler, L.A., Reibel, E., Boyer, M.** *Facilitating teaching — learning with modules: an approach for nurse midwife teachers.* London, British Life Assurance Trust Centre for Health and Medical Education, n.d. 307p. Engl.

The modular approach (i.e., the organization and transmission of information in self-contained, self-paced units) is a way of adapting the teacher-learning process to the needs of the individual student and of overcoming the shortage of educators of health personnel. This book is intended for midwifery teachers in the developing countries who are considering adopting this approach to their work. The 1st 5 chapters are devoted, respectively, to: modules — their use, advantages, disadvantages, design, and adaptation; setting module objectives; teaching methods that may be used in conjunction with modules; evaluation activities; and the systems approach to modular design. The rest of the book contains 59 modules for a midwifery curriculum, intended to stimulate ideas rather than for wholesale adoption. (HC-L)

V Formal Evaluative Studies

V.1 Health Workers

See also: 7356, 7358, 7371, 7406, 7413, 7464.

7419 **Arnhold, R.G.** *Paramedical programs in rural Bangladesh.* Southern Medical Journal (Birmingham, UK), 72(8), Aug 1979, 992-996. Engl.

Two programmes using locally trained paramedical personnel provide health care to villagers in Bangladesh. The general level of care rendered appears to be above average for the country but varies with the individual paramedical worker. Field supervision is crucial to the quality of care. The structure of the two programmes places physicians in direct contact with the paramedical workers for supervision and consultation. Unlike most programmes in less developed countries, these emphasize preventive care, prepaid insurance at minimal premiums (in one plan, premiums are payable by barter), and apparently high motivation of the staff, many showing personal concern as well as evidence of sound training. (Modified journal abstract)

7420 **Curtis, C., Brown, E.E.** *Nurse practitioner-staffed primary health care centers in rural Georgia.* Georgia Agricultural Research (Athens, Ga.), 21(4), Jul 1980, 25-27. Engl. 9 refs.

In 1973, a rural health care programme based in primary health care centres staffed by nurse practitioners was begun in northern Georgia (USA). This report examined the productivity and the quality of care provided by these centres and their costs. Analysis of activities at three centres revealed that the nurse practitioners were capable of handling 16% more patient visits per hour at a cost of approximately US$7.85, making this a cost-effective method of health care delivery. (DP-E)

7421 **Dusitsin, N., Varakamin, S., Ningsanon, P., Chalapati, S., Boonsiri, B.** *Post-partum tubal ligation by nurse-midwives and doctors in Thailand.* Lancet (London), 1(8169), 22 Mar 1980, 638-639. Engl.

A shortage of doctors limits the provision of postpartum sterilization services in rural areas of Thailand. To overcome this problem, nurse-midwives with theatre experience were trained to perform postpartum tubal ligation by a mini-laparotomy incision under local anaesthesia. In a controlled, randomized clinical trial, the performance of the nurse-midwives was compared statistically with that of doctors in terms of operative difficulty, operating time, and post-operative morbidity. The differences were not significant (except for operating time) and it is concluded that trained nurse-midwives with theatre experience can safely provide postpartum sterilization services. Statistical data are included. (Modified journal abstract)

7422 **Ghorbani, F.S.** *Use of paramedics in family planning services in Iran.* International Journal of Gynaecology and Obstetrics (Baltimore, Md.), 17(2), Sep-Oct 1979, 135-136. Engl.

From 1968-1976, midwives in the Farah Maternity Hospital, Tehran, Iran, were trained to administer all reversible methods of family planning, to terminate pregnancies up to 10 weeks, and to perform a limited number of tubal ligations (although their participation in this activity was later declared illegal). From 1974-1976, all the other services were performed satisfactorily for 460 417 acceptors at a non-hospital clinic. The complication rate (1%-5%) was the same for procedures performed by either midwives or physicians. It is emphasized that, besides being economical, the midwives' services are more acceptable to women within the Iranian cultural context. (DP-E)

7423 **Guidotti, T.L.** *Impact of a California Indian health program as reflected in hospitalization trends.* Public Health (London), 94(1), Jan 1980, 3-15. Engl. 18 refs.

The impact of community health aides on the Indian residents of Madoc County, California, was evaluated using hospital admission trends as a health indicator. Although further data would be required to prove it, the findings suggest that improved patient compliance due to the efforts of the aides may have contributed to the decline in admissions for some conditions (e.g., respiratory diseases) and to the increase in admissions for other, previously neglected, chronic conditions (e.g., diabetes). This paper presents and discusses the study methodology and findings. (HC-L)

7424 **Habicht, J.P.** *Delivery of primary care by medical auxiliaries: techniques of use and analysis of benefits achieved in some rural villages in Guatemala.* In Medical Care Auxiliaries, Washington, D.C., PAHO, PAHO/WHO Scientific Publication No. 278, 1973, 24-37. Engl.

The authors evaluate four programmes in Guatemala that use nonprofessional medical auxiliaries to provide primary health care. After an outline of the organization, funding, and location of each project, cost estimates

are given, showing that the use of nonprofessionals, even in highly supervised programmes, costs 25% that of professionals. Methods of in-programme training and quality control in all projects emphasize practical experience. Community participation is also important in effective utilization of primary care auxiliaries. Finally, morbidity and mortality data show that auxiliaries, with proper supervision and operating in a system of adequate coverage, can have a substantial impact on child health. (FM)

7425 **Oyebola, D.D.** *Some aspects of traditional medicine practiced by the Yoruba of Nigeria.* East African Medical Journal (Nairobi), 56(11), Nov 1979, 562-570. Engl. 20 refs.

Semi-structured questionnaires designed to investigate the knowledge of traditional healers regarding the pharmacological and therapeutic aspects of their practice were administered to 146 herbalists randomly selected from 31 towns and villages in the Yoruba-speaking areas of Nigeria. The survey covered drug classification, main routes of administration, mechanisms by which drugs acted and side effects, determination of dosage, discovery of new medicinal plants, and testing of new medicines. The results are discussed and their relevance to health care delivery among the Yoruba is emphasized. Statistical data are included. (Modified journal abstract)

7426 **Porter, L.S.** *Health care workers' role conceptions and orientation to family-centered child care.* Nursing Research (New York), 28(6), Nov-Dec 1979, 330-337. Engl. Refs.

The author examines the hypothesis that health care workers' orientation to family-centered child care is directly related to their professional role conception and inversely related to their employee role conception. A sampling of nursing and medical personnel involved in child care in three areas supported the hypothesis. Demographic factors such as age, education, clinical experience, and absence of children were reliable predictors of health workers' conceptions of the professional or the employee roles. Implications of the findings for nursing practice and education as well as recommendations for future research are also discussed. (Modified journal abstract)

7427 **Royal Society of Tropical Medicine and Hygiene, London.** *Symposium: the contribution of medical missionaries to tropical medicine.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 73(4), 1979, 357-366. Engl.

Ordinary Meeting of the Royal Society of Tropical Medicine and Hygiene, London, UK, 19 Oct 1978.

The proceedings of the symposium on medical missionaries include four papers on missionary-run programmes, followed by general contributions from participants. The 1st paper examines the development and current activities of a church-run comprehensive health care scheme in the former Belgian Congo. The 2nd relates personal experiences of a medical missionary, including his views on the motivation of missionaries. The 3rd paper describes a mobile health care unit for nomadic people in northern Kenya. The final paper discusses the contributions of medical missionaries, particularly in the area of child health, in Zululand. (FM)

V.2 Organization and Administration

See also: 7077, 7248, 7265, 7319, 7386.

7428 *Ophthalmolgy in the People's Republic of China.* Archives of Ophthalmology (Chicago, Ill.), 97(10), Oct 1979, 1857-1859. Engl.

In May 1978, a group of American ophthalmologists toured facilities for ophthalmologic care in the People's Republic of China, visiting Peking, Shanghai, and Kwangchow. They observed surgery and accompanied doctors on ward rounds in several large municipal health centres and also toured a medical college. The visitors were impressed by the hierarchical organization of health services in China, which has greatly increased accessibility. In the field of ophthalmology, the author notes that retinal detachment surgery accounts for a major part of medical practice at the municipal centres. Further reciprocal visits by medical personnel are necessary to remain up-to-date on developments in both countries. (FM)

7429 **Aoyama, H., Ohara, H., Waka, K., Ue, H., Ouka, T.** *Review of the trend in facilities for health services in the community.* Acta Medica Okayama (Okayama, Japan), 34(4), 1980, 217-233. Engl. 18 refs.

The development of health care centres and other health care facilities in Japan since World War II is described. The authors suggest that it is necessary to build a new health facility, termed a "public health nurse station," specifically designed for public health nursing activities. The status of the health care facilities in service and the activities of the stations are described and evaluated. It is concluded that the stations have brought many changes in the field of health and medical care and should not become a substitute for a health centre but should be a facility for public health nurses in the community. Health centres should also play important roles for comprehensive medical services in the future. (Modified journal abstract)

7430 **Ayeni, O., Olayinka, A.** *Evaluation of a special-type vital statistics registration system in a rural area of Nigeria.* International Journal of Epidemiology (Oxford, UK), 8(1), Mar 1979, 61-68. Engl. 10 refs.

A special type of vital statistics registration system, consisting of the use of home visitors to collect information during fortnightly visits to all houses in the town, has existed in Igbo Ora, a rural town in Nigeria, since 1964. Results of a 1974 evaluation of the system show that registration of births was about 95% complete, while that of total deaths was about 87%. Registration of mortality among infants aged less than 1 year was only about 49% complete. It is suggested that, despite its

faults, this system is considerably more effective than the one it replaced. Statistical data are included. (DP-E)

7431 **Bellmarle, G., Bellique, H., Bonguenot, A., Bonque, P.** *Vernacular literacy produces good health workers.* World Health Forum (Geneva), 1(1/2), 1980, 67-71. Engl.

A functional literacy programme aimed at teaching local farmers to read and write in their own language (Bambara) has been operating for some years in the rural district of Kolokani, Mali. Because the presence of a functional literacy centre in a village indicates a capacity for assimilating new attitudes, a degree of internal cohesion, and the presence of potential recruits for health activities, such villages were selected for the implementation of a primary health care programme. This paper describes the enlisting of village participation, the identification of village needs, the development of educational materials, and the training of basic health workers for such a programme. (HC-L)

7432 **Blumlen, R.J.** *Can China's health care be transplanted without China's economic policies?* New England Journal of Medicine (Boston, Mass.), 300(26), 28 Jun 1979, 1453-1458. Engl. 38 refs.

This paper shows how 10 basic economic decisions made over the last 25 years in the People's Republic of China, such as the decision to minimize imports (including sophisticated medical technologies), to develop community services at the expense of consumer goods, to assign individuals with advanced training to career locations, and to deny the professions independence, etc., have shaped a health care system that is virtually non-transferable to countries with different economic systems. (HC-L)

7433 **Cole-King, S., Gordon, G., Lovel, H.** *Evaluation of primary health care — a case study of Ghana's rural health care system.* Journal of Tropical Medicine and Hygiene (London), 82(11/12), Nov-Dec 1979, 214-228. Engl. 13 refs.

The authors evaluate the rural health system in Ghana and outline the methodology developed to assess health service performance. The study covered such topics as: range of services provided and accessibility; maternal child health services utilization; quality of child care, maternal care, outpatient services, and environmental sanitation; resource allocation; and organizational efficiency. The findings for each category are summarized and the authors conclude by discussing the need for fundamental changes to improve the quality and coverage of basic health care services. More multipurpose auxiliaries are needed to staff smaller health centres and the district support system should be improved and strengthened. (FM)

7434 **Cuba, Ministry of Public Health.** *Annual report 1978.* Havana, Ministry of Public Health, National Center of Information for Medical Sciences, 1979. 178p. Engl.

The 1st part of this report summarizes Cuban activities in the field of health from 1959-1979, including medical care, dentistry, preventive medicine, health personnel training, social welfare, health education, research, and the dissemination of scientific and technical information. The 2nd part presents 59 tables and 29 graphs of statistical data attesting to achievements in these areas. (HC-L)

7435 **Egan, M.C.** *Public health nutrition services: issues today and tomorrow.* Journal of the American Dietetic Association (Bethesda, Md.), 77(4), Oct 1980, 423-427. Engl. 18 refs.

The author, by looking back in US history to the early pioneers of community nutrition and to the development and expansion of nutrition services carried out by private, voluntary, and state health agencies, encourages reflection on the roots of public health nutrition. Several observations, both positive and negative, on current nutrition services are made. In conclusion, important issues and concerns, such as planning, training, cost, and appropriate advocacy for nutrition services, are highlighted in an attempt to bring the whole subject of public health nutrition services into proper perspective. (EB)

7436 **Ehsenberg, C.** *Honduras: mental health awareness changes a community.* World Health Forum (Geneva), 1(1/2), 1980, 72-77. Engl. 9 refs.

This paper recounts how mental health expertise was employed to stimulate community organization and self-help in a squatter settlement in Honduras, with visible and enduring results. (HC-L)

7437 **Finkelstein, S., Janczuk, D.F.** *Appalachian Rural Health Project in Chautauqua County, N.Y., 1973-78.* Public Health Reports (Rockville, Md.), 95(3), May-Jun 1980, 263-270. Engl. 9 refs.

A US project to bring primary health care services to the inhabitants of rural New York state is briefly described and evaluated. Of eight original objectives, it was found that only four could be fulfilled: mass media efforts to inform the public about the services available; provision of care in clinics staffed by nurses and, eventually, physicians; utilization of all available sources of payment; and physician recruitment. Statistical data are included. (DP-E)

7438 **Fry, J.** *Primary care.* London, William Heinemann Medical Books, 1980. 530p. Engl. Refs.

Divided into 6 sections, this book contains chapters by 29 authors on wide-ranging areas of primary care. Section 1 deals with health and disease and the place of primary care, while sections 2 and 3 examine various national systems of health care and the work patterns of primary care respectively. The 4th section reviews the nature and history of common diseases and their management and discusses preventive care. Section 5 on education and training compares British and US practices and section 6 considers relations with the public, intra-professional organizations, and future needs. Graphs, tables, and statistical data are included. (EB)

7439 **Heim, S.** ***Establishment of prosthetic services in African countries.*** Prosthetics and Orthotics International (Glasgow), 3(3), 1979, 152-154. Engl.

The author examines the state of prosthetic services in Africa with particular reference to a well-staffed, well-equipped clinic established in Tunisia in 1975. After discussing the reasons for the limited success of this facility, he concludes that such services can be improved only if the technicians are better trained and the advisors or experts provide them with the possibility of sustained development by supporting them with continued follow-up care. Some of the social problems in this area of treatment are also discussed. (DP-E)

7440 **Hirota, Y.** ***Tuberculosis control in Nepal: difference in efficiency of anti-tuberculosis campaign between the plains and hilly areas.*** Kekkaku (Tokyo), 54(6), Jun 1979, 315-319. Engl., Japanese.

The results of an anti-tuberculosis campaign conducted in Nepal from October 1976-September 1977 are analyzed in terms of the efficiency of case-finding efforts in the plains area and the hilly area. They indicate that home visiting and detection by BCG vaccinators is an effective method in both geographic areas. Statistical data are included. (DP-E)

7441 **International Child Care/Canada, Rexdale, Ont.** ***Grace notes.*** Rexdale, Ont., International Child Care/Canada. Engl.

Newsletters from the Grace Childrens' Hospital in Port-au-Prince, Haiti, a mission hospital supported by International Child Care, report on various activities at the hospital and abroad. Speaking tours are organized regularly to outline the aims of the organization and the activities of the hospital. The hospital provides free care for children suffering from tuberculosis and promotes Christian education. Several articles review the anti-tuberculosis programme of 1979, describe some of the individuals involved, and report on a tour of Grace Hospital by visiting Canadians. (FM)

7442 **Jamjoohha, K., El-Kaloubi, A.H., Braun-Munzinger, R.A., El-Baz, H., Mahmoud, M.** ***Evaluation of ELISA test as an epidemiological tool in schistosomiasis.*** Journal of Tropical Medicine and Hygiene (London), 84(4), Aug 1981, 147-154. Engl. Refs.

The enzyme-linked immunosorbent assay (ELISA) test was studied to determine its applicability in epidemiological surveys of schistosomiasis. Specimens of serum, stool, and urine from persons attending an outpatient clinic in Egypt were subjected to the ELISA test and the results were compared with those obtained by other tests. The ELISA test showed an excellent sensitivity and specificity for both *Schistosoma mansoni* and *S. haematobium*: the reading and recording of the extinction rates can be done quickly and inexpensively. The authors strongly recommend the test for epidemiological surveys. Statistical data are included. (Modified journal abstract)

7443 **Khromov, A.S., Katunzov, ...P.** ***Istoriya i sovremennoe sostoyanie organizatsii bor'by protiv entsemcheskikh bolezney v respublike bereg slonovoy kosti. (History and current status of control of endemic diseases in the Ivory Coast Republic).*** Meditsinskaya Parazitologiya i Parazitarnye Bolezni (Moscow), 48(6), 1979, 64-68. Russ. 32 refs.

The history of the development of epidemiological services in the Ivory Coast from the time of foundation of the health services in 1893 up to the present time and the results of the activity of these services in the control of some tropical diseases are described. (Journal abstract)

7444 **Katicha, K.K., Nair, P.R.** ***Treatment defaulters in leprosy: a retrospective study of 42,000 cases.*** International Journal of Leprosy (Washington, D.C.), 47(1), 1979, 50-55. Engl.

A study of 48 345 patients registered at the Acworth Leprosy Hospital (Bombay, India) from 1950-1974 reveals that only 6 345 (13.12%) were taking treatment regularly, i.e., taking treatment for 9 months a year for a minimum period of 3 years. Thus, 42 000 patients (86.9%) had dropped out of treatment. Both regular and drop-out cases are analyzed with respect to age, sex, infectivity, degree of deformity, stage of their disease, source of referral, and occupation. The conclusions are discussed and presented as statistical data. The message of this study is that patients in this area of India do not attend for the treatment periods that have been advised for the drug treatment of leprosy. Similar analyses from other parts of India and from other endemic areas are essential to devise realistic programmes of drug treatment. (Modified journal abstract)

7445 **Krishnaswami, K.V., Satagopan, M.C., Somasundaram, P.R., Tripathy, S.P., Radhakrishna, S.** ***Investigation of the accuracy of the home address given by patients in an urban community in south India.*** Tubercule (Edinburgh), 60, 1979, 1-11. Engl. 11 refs.

See also entry 7455.

Studies were conducted in three tuberculosis clinics in Madras, India, to assess the accuracy of address recorded by registry clerks at the patient's 1st clinic attendance. Accuracy was poor, with 20%-30% of letters not reaching patients. It was appreciably improved by supplementing the clerks' efforts with questioning by a motivated, experienced health visitor. An address card, completed by the local postman or a literate neighbour or friend, was returned by 90%-94% of the patients. Methods for improving patient identification and location, particularly appropriate in areas where mail is irregular, are discussed. (Modified journal abstract)

7446 **L'Abbate, S., Westphal, M.F.** ***Alicação-teste da medida de atitude à área de atuação de um centro de saúde do município de São Paulo, Brasil. (Application of a test for measuring the attitude toward the actuation of a health centre in the municipality of São Paulo, Brazil).*** Revista da

Saúde Pública (São Paulo, Brazil), 13(2), 1979, 69-79. Portuguese. 30 refs.

An interview schedule was designed and tested for evaluating the attitude of an urban community towards its health centre, the *Centro de Saúde Experimental da Barra Funda*, São Paulo, Brazil. The schedule, which is reproduced in full, consisted of 24 indirect questions covering four areas: medical staff, clerical staff, service efficiency, and general atmosphere. This paper describes the development of the questionnaire, discusses its results, and concludes that its approach could usefully be applied in other similar situations. (HC-L)

7447 **Lok, C.K.** *Antimalaria programme in Singapore, with special reference to the period 1974-1978.* Asian Journal of Infectious Diseases (Singapore), 3(1), 1979, 1-18. Engl. 16 refs.

Second Indonesia-Malaysia-Singapore Border Meeting on Malaria, Singapore, 18-19 Oct 1978.

Malaria control — in the form of drainage and larvicidal oiling — has been carried out in Singapore with remarkable success since 1914. The years 1963-1975, however, witnessed a resurgence of the disease as a result of rapid land development, population movement, and increased trade and tourism. This paper describes — with the aid of 11 tables of data — the disease vectors and the measures that were used to bring them under control. Today, there are virtually no deaths from malaria, but the need for constant vigilance and the maintenance of effective preventive measures remains. (HC-L)

7448 **Magee, J.** *Africa wins freedom from smallpox.* World Health (Geneva), Oct 1979, 16-19. Engl. Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

After briefly describing traditional African views and treatment of smallpox, the author pinpoints some weaknesses in the eradication programme inaugurated by WHO in 1966, mainly the lack of a reliable system of case reporting and poor quality vaccines. By establishing a network of reporting centres, improving vaccine quality and delivery methods, and developing an extremely effective disease control method called surveillance-containment, health authorities were able to organize an intensive campaign that eradicated smallpox from Africa in 8 years. (DP-E)

7449 **Mokhtari, L.** *Organisation des services de santé de base dans une grande ville d'Algérie. (Organization of basic health services in a large town of Algeria).* Annales de la Société Belge de Médecine Tropicale (Brussels), 59, 1979, Suppl., 99-102. Fren.

The health care delivery organization of the city of Oran, Algeria, was formerly characterized by the dispersion of services in 31 units, unevenly distributed and with varying functions (polyclinics, polyvalent dispensaries, maternal child health units). In an attempt at sectorization, each of these polyvalent units was made multipurpose with respect to care and responsible for a defined geographical area. The advantages of the system are an improvement in coverage, better integration of services, and more efficient utilization of resources. (Modified journal abstract)

7450 **Muñoz, F.** *Participation in primary health care projects in Latin America.* Medellín, Colombia, University of Antioquia, National School of Public Health, 1980. 1v.(various pagings). Engl.

This thesis examines and compares seven primary health care programmes in four Latin American countries (Peru, Colombia, Guatemala, and Cuba) with respect to the effectiveness of their medical services and (especially) the degree of community participation within them. (HC-L)

7451 **Nassiben, F.** *Leprosy control programme formulation, Republic of Argentina.* Acta Leprologica (Geneva), 74, Jan-Mar 1979, 33-64. Engl.

This paper discusses the epidemiology of leprosy in Argentina and outlines the country-wide specialized control programme, involving a network of fixed centres and a number of mobile teams, that has been devised to combat it. The decision to return to the vertical strategy grew out of difficulties encountered in the coordination and achievement of immediate action through the integrated public health scheme of 1968-1976. Details of programme goals, activities, staffing requirements, financing, etc., are given. (HC-L)

7452 **Okubagzi, G.S.** *Effect of health centre services on the health status of a community in Gondar region, Ethiopia.* Ethiopian Medical Journal (Addis Ababa), 16(3), 1978, 99-104. Engl. 8 refs.

About 20 years after the launching of health centre services in Gondar region, Ethiopia, communities in served and unserved areas were compared with respect to six indicators: source of drinking water, availability of latrines, vaccination status, knowledge and practice of basic hygiene, trachoma and skin infections, and weight of children. No significant differences between served and unserved communities could be ascertained and it was concluded that, as long as health centres continue to direct most of their efforts toward curative medicine, this will continue to be the case. (HC-L)

7453 **Onadeko, B.O., Sofowora, E.O.** *Daily short course (6 months) chemotherapy for treatment of pulmonary tuberculosis in Nigerians: a preliminary report.* African Journal of Medical Science (Oxford, UK), 7(3), 1978, 175-181. Engl. Refs.

Fifty previously untreated pulmonary tuberculosis patients, aged 15-66 years, were treated at the University College Hospital in Ibadan (Nigeria) during a 6-month trial using two regimens containing rifampicin. At 2 months 98% of the patients were sputum-negative; at 3 months all had sputum conversion. There was evidence of radiographic clearance in all patients at 6 months. The regimen was well-tolerated and drug toxicity was negligible. This study confirms the efficacy of short-course regimens containing rifampicin. The regimens should be considered for use in areas where the patients' compre-

tion at taking the 18 months standard treatment cannot be guaranteed. (Modified journal abstract)

7454 **Parker, R.L., Shah, S.M., Alexander, C.A., Neumann, A.K.** *Self-care in rural areas of India and Nepal.* Culture, Medicine and Psychiatry (Dordrecht, Netherlands), 3(1), Mar 1979, 3-28. Engl. Refs.

Findings about self-care practices identified during four studies involving 14 000 interviews in 7 400 households comprising 48 000 people in India and Nepal reveal that the proportion of ill individuals using self-care over a 2-week period ranged from 19%-42% (5%-9% of the total population). Self-care or care from friends or relatives was the most predominant source of maternity care in Nepal, while in India these services were provided by traditional birth attendants. The study methodology is explained and the results are described in detail and presented as statistical data. (DP-E)

7455 **Radhakrishna, S., Sampagam, M.C., Krishnaswami, K.V., Tripathy, S.P., Fox, W.** *Efficiency of address cards, experienced health visitors and motivated registry clerks in obtaining the home address of urban patients in south India.* Tubercule (Edinburgh), 60, 1979, 151-157. Engl.
See also entry 7445.

The address card, completed by postman, literate neighbour, relative, or friend, was investigated for acceptability and efficiency in four tuberculosis outpatient clinics in Madras City, India. A total of 96% of patients who reattended returned the completed card. Letters posted to the address on the card were received by 85% of 419 patients, while 5% were returned by the post office as undelivered, and 4% were probably not delivered; no information was available for the remaining 6%. Comparison in 392 of the above cases demonstrated that the address card was significantly more efficient than interrogation by experienced health visitors. A retrospective comparison suggested that health visitors were slightly more efficient than highly motivated registry clerks. (Modified journal abstract)

7456 **Rajendran, M.M.** *Primary health care in India.* Ekistics (Athens), 45(272), Sep-Oct 1978, 358-361. Engl.

A new concept in early childhood services, Integrated Child Development Services (ICDS), has been piloted in 4 urban, 19 rural, and 10 tribal communities in India. The ICDS package includes food supplementation, nutrition education, immunization, health check-ups (child health, antenatal, and postnatal), referral services, and informal preschool education. To date, the services have been enthusiastically received and have resulted in increased health coverage and improved child nutrition status. More projects are planned and new directions will feature greater community participation in their implementation. (HC-L)

7457 **Rowland, B., Schneiderman, L.J.** *Women in alternative health care: their influence on traditional medicine.* Journal of the American Medical Association (Chicago, Ill.), 241(7), 16 Feb 1979, 719-721. Engl. 13 refs.

Male domination of organized health care systems in the USA is well-recognized. In contrast, it appears that women are a more important force in the alternative health care system, which is made up of neighbourhood clinics and community health centres. A study of 17 such alternative health care centres in the San Diego area discloses that women account for almost half of the clinic coordinators and almost half (40%) of the membership of the boards of directors. Since many of the recent innovations in health care derive from the alternative health care movement, the influence of women on these systems may be more substantial than heretofore recognized. (Modified journal abstract)

7458 **Rumbaut, R.G.** *Dilemmas of community health intervention in a developing society: a Sierra Leone case study.* San Diego, Cal., University of California, Nov 1979. 20p. Engl. 32 refs.
Twenty-second Annual Meeting of the African Studies Association, Los Angeles, Cal., 31 Oct-3 Nov 1979.

This paper discusses health problems and health facilities in Sierra Leone, pointing out how inadequate and inappropriate existing services are for the needs of the population. It also indicates some of the obstacles to significant change — the world economic situation, a demoralized health ministry with a high staff turnover rate, etc. (HC-L)

7459 **Sampaio Goes, J., Sampaio Goes, J.C.** *Modelo de programa para prevenção e detecção do câncer ginecológico em países em desenvolvimento. (Model programme for the prevention and diagnosis of gynaecological cancer in developing countries).* São Paulo, Brazil, Instituto Brasileiro de Controle do Câncer, 1979. 36p. Portuguese. 26 refs.

Brazil's recently established programme of mass detection and treatment of cancer of the cervix, which is gradually being expanded to cover all parts of the country, is based on centralization of diagnostic facilities, decentralization of treatment, and the utilization of existing staff and resources for case-finding and follow-up. It includes the creation of a special information system, the training of specialized non-medical laboratory personnel, and public education campaigns. This paper describes the programme methodology and sets forward in seven tables the results for the period 1970-1978. (HC-L)

7460 **Shulman, A.G.** *Absence of venereal disease in the People's Republic of China.* Western Journal of Medicine (San Francisco, Cal.), 130(5), May 1979, 469-471. Engl. 14 refs.

Measures taken in 1949 by the People's Republic of China to reduce the incidence of venereal diseases (VD) included closing all houses of prostitution and retraining the prostitutes, educating the public to eliminate the stigma of VD and to encourage them to seek treatment, and training a prototype of the barefoot doctor to diag-

nose and treat the diseases. The author points out that this sort of disease control programme has been much more successful than the democratic, voluntary, Western type that ensures a carrier's right to have a venereal disease and spread it to others. (DP-E)

7461 **Shimmen, O.K.** *Leprosy control in Shanghai, China.* International Journal of Leprosy (Washington, D.C.), 47(1), 1979, 56-59. Engl.
Meeting of the American Center for Chinese Medicine, Alexandria, Va., 30 Sep 1978.
Shanghai's 690-bed Leprosy Hospital is in charge of treating orthopedic problems and of supervising local programmes of clinical control. Regionally, there are several leprosy villages and clinics (3 800 patients, 175 doctors). Barefoot doctors play a major role. The outpatient clinic provides epidemiological studies, prophylaxia (i.e., injections of diacetyldiaminodiphenyl sulfone to the patients every 75 days), and treatment of patients living and working in their own communities. The incidence of new cases decreased by 86% from 1971-1976 with a present incidence rate of 1.5:100 000 inhabitants. (Modified journal abstract)

7462 **Saldenhoff, R. de** *Primary health care in the New Hebrides.* Journal of the Royal College of General Practitioners (London), 29(204), Jul 1979, 423-426. Engl. 8 refs.
After briefly outlining geographical and demographic characteristics of the New Hebrides, the author presents health statistics for the area and describes the difficulties in providing primary care. The complex administrative structure of the islands, which hinders the development of effective services, should be reorganized to provide greater coordination. The majority of illnesses are related to poor hygiene and, while malaria and respiratory infections are common, such illnesses as tuberculosis, leprosy, and filariasis are less prevalent than in other developing countries. Dressers form the backbone of the primary system, but more recently village sanitarians have been trained to promote environmental health. (FM)

7463 **Strosbant, A.** *Renforcement et intégration des services de santé du Cap Bon, Tunisie. (Strengthening and integration of the health services of Cap Bon, Tunisia).* Annales de la Société Belge de Médecine Tropicale (Brussels), 59, 1979, Suppl., 47-69. Fren. Refs.
The main goal of the Cap Bon Project in Tunisia is to find methods that, on the one hand, strengthen and integrate preventive activities and, on the other, improve and streamline curative activities. The 1st objective was reflected in the organization of a few services: maternal child health care, the tuberculosis programme, environmental sanitation, laboratory services, and the rabies programme. Standardization of treatment schemes for priority problems has been achieved through the 2nd objective. The present article explains the various activities in these fields and shows the data used for their evaluation. It concludes with a model explaining the organization of health care delivery in the project. (Modified journal abstract)

7464 **Vogel, L.C.** *Strengthening outpatient services in Kenya; rationalisation of the curative consultation at the first level and safeguarding of the quality of care.* Annales de la Société Belge de Médecine Tropicale (Brussels), 59, 1979, Suppl., 117-125. Engl. Refs.
Operational studies of outpatient services at a Machakos, Kenya, clinic revealed that the clinical officer (a type of medical assistant) is the key to their effective utilization. A number of procedural changes (i.e., standardized prescriptions, which, with diagnosis, are written in code; the use of clerks to record data; etc.) were introduced that both increased the amount of time the clinical officer could spend with each patient and improved the quality of care. Efforts are being made to extend this model to the rest of the country. (DP-E)

7465 **Wallace, H.M., Ebrahim, G.J.** *Maternal and child health around the world.* Hong Kong, Macmillan Press, 1981. 379p. Engl. Refs.
The introduction to this book outlines the status and problems of maternal and child care and family planning services in the developing countries. Individual articles follow on maternal health, family planning, infancy and the young child, children of school age and adolescence, handicapped children and youth, social benefits and social welfare services, special topics (training programme for teachers in medical schools, village health workers, community nutrition, etc.), and programmes of selected international agencies such as family planning and UNFPA, world population programme assistance, and the Ford Foundation's interest in maternal and child health. Statistical data are included. (AF)

7466 **Waverkar, S.V., Waverkar, U.R., Kulkarni, A.V., Iyer, V.M.** *Comprehensive immunization programme in Solapur.* Indian Pediatrics (Calcutta, India), 15(5), May 1978, 419-421. Engl.
A 4-month immunization programme intended to administer smallpox, BCG, triple, and polio vaccinations to some 33 000 preschool children in Solapur, India, is described and evaluated. For a variety of reasons (lack of cooperation among the doctors, teachers, and social workers involved in the programme; scheduling of clinics on local holidays; difficulties in obtaining vaccines; etc.), the programme was not considered a success and suggestions for improvement are made. (DP-E)

7467 **WHO, Geneva.** *WHO at the crossroads; report of the Director-General to the Thirtieth World Health Assembly on the work of WHO in 1976.* WHO Chronicle (Geneva), 31(6), 1977, 207-238. Engl.
Also published in French, Russian, and Spanish.
This brief review of WHO's activities for 1976 covers such topics as future plans, programme budget policy, technical cooperation among developing countries, the 6th general programme of work, country health programming, smallpox eradication, the expanded immuni-

zation programme for research and training in tropical diseases, blindness prevention, primary health care, rural development, maternal child health, drugs, appropriate technology, health manpower development, environmental health, etc. Subjects not included were recently described in articles in the WHO Chronicle. (DP-E)

V.3 Planning

See also: 7437, 7697.

7468 **Bolton, J.M.** *Not too much concrete, please.* Studies in Family Planning (New York), 10(6/7), Jun-Jul 1979, 214-216. Engl.

Around 1962, money from a national lottery was used to finance a number of *barangay* health centres in Bohol province, the Philippines, many of which are still unused due to inappropriate location or lack of funds for staffing. The Bohol maternal child health/family planning (MCH/FP) project contends that, in providing health services, staffing is the 1st priority, equipment and logistic support the 2nd, and the building the last. The project has made the provision of a building the responsibility of the community — to be constructed or adapted by the people, designed in consultation with the midwife, and located so as to be most accessible to all concerned. A list of 53 research notes produced by the Bohol MCH/FP project is appended. (HC-L)

7469 **DeWitt, G.F., Saharajanekaran, A., Wan, K.C.** *Socio-economic development, environmental and health perspectives in Malaysia.* Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 10(4), Dec 1979, 572-578. Engl.

After independence in 1957, development in Malaysia changed from system maintenance to development planning. The Second Malaysia Plan (1971-1975) and the Third Malaysia Plan (1976-1980) are discussed with reference to their effect on health and socioeconomic status. The authors also examine environmental problems and the policies that have been adopted to deal with them. Finally, the objectives of the medical and health programmes under the Third Malaysia Plan are delineated and the strategy for the implementation of patient care services, public health services, training programmes, and family planning services is discussed. (DP-E)

7470 **Martínez Narváez, G.** *Estrategias para mejorar la atención de la salud; II: determinación de prioridades en salud pública. (Strategies for improving health care; II: determining priorities in public health).* Gaceta Médica de México (Mexico City), 115(8), Aug 1979, 332-334. Span.

Simposio sobre Estrategias para Mejorar la Atención de la Salud, Mexico City, Mexico, 23 Aug 1978.

See also entry 7109.

This paper discusses the role of planning methodologies, information (on health status, demand for services, available resources, etc.), and political and socioeconomic factors in the setting of health priorities. A list of Mexico's medium-term public health priorities and a brief justification of them is included. (HC-L)

7471 **O'Connor, B.W.** *Managing health systems in developing areas; experiences from Afghanistan.* Lexington, Mass., D.C. Heath and Company, 1980. 314p. Engl.

This account of US AID-supported work in Afghanistan analyzes an attempt to assist directly in the improvement of a national, rural health care system. The authors of the various chapters describe the national health system as it was at the outset, the strategies used to improve it, what worked, what failed, and why. The purpose is not to focus on one project's history but to convey essential lessons learned in a productive government-donor relationship directed at management of rural health care expansion. Statistical data are included. (RMB)

7472 **Salmond, G.C.** *New problems — new strategies.* World Health (Geneva), Jan 1980, 14-17. Engl. Also published in Arabic, French, German, Italian, Persian, Portuguese, Russian, and Spanish.

Health services research can play a vital role in developing effective strategies for primary health care and in fostering a better understanding of community health problems. A research project studying the use of maternal child health services in Porirua, New Zealand, is described as an example of the benefits of health research. An earlier survey, in 1972, identified the major problems but received adverse publicity and lacked community support. The survey conducted in 1976 incorporated community interests in all phases of the study. As a result, the Porirua community health project has evolved into a complete resource and support organization. (FM)

7473 **Sagall, M., White, A.** *Research on primary health care: a multidisciplinary project in Ghana.* World Health Forum (Geneva), 2(3), 1981, 341-346. Engl. 8 refs.

The methodological problems involved in assessing primary health care were among the concerns of a research team that conducted a year-long investigation in Ghana. The approach used and the wide variety of information produced may prove valuable in planning primary health care services in other developing countries. This paper reports the group's findings on resource allocation, accessibility of services, inadequacies in the services and the reasons for the deficiencies, drug costs, and sociological factors. A number of recommendations for improving primary health care are also given. (Modified journal abstract)

V.4 Geographical Distribution of Health Services and Workers

7474 **Carden, S.M.** *Factors influencing the location of rural general practitioners; a study in Washington state.* Western Journal of Medicine (San Francisco, Cal.), 128(1), Jan 1978, 75-80. Engl. 57 refs.

Data on personal background, place of medical education and training, reasons for selecting the present place of practice, and previous practice location were gathered from 41 general practitioners in rural Washington state (USA) and analyzed to isolate factors influencing the choice of location by physicians. Results show that most of the physicians had spent at least some of their childhood years in small communities and that most had some exposure to the state of Washington before establishing their practices in that state. The physicians were also influenced by the professional advantages or appeal of the community, recruitment efforts by persons within the community, and economic reasons. Statistical data are included. (Modified journal abstract)

7475 **Educación Médica y Salud, Washington, D.C.** *Recursos humanos en salud en las Américas. (Health personnel resources in the Americas).* Educación Médica y Salud (Washington, D.C.), 13(1), 1979, 87-95. Span.

This paper presents and discusses 11 tables of data on health personnel resources in North and South America and the Caribbean by category and country and professional:population ratios as of, or as close as possible to, 1976. (HC-L)

7476 **Ekwueme, O., Megafu, U., Komolafe, O.E.** *University staff as visiting consultants to rural community hospitals: the University of Nigeria experience.* Nigerian Medical Journal (Lagos), 8(5), Sep 1978, 484-487. Engl.

In 1972, the University of Nigeria Medical School instituted a scheme whereby faculty staff volunteer part of their time for work in rural community hospitals. Over a 1-year period, the scheme has resulted in improved hospital utilization rates, upgrading of hospital facilities, improvement in staff morale, and increases in hospital revenues. Wider adoption of the scheme and greater official encouragement of it are strongly recommended. (HC-L)

7477 **Grundy, P.H., Budetti, P.P.** *Distribution and supply of Cuban medical personnel in Third World countries.* American Journal of Public Health (New York), 70(7), Jul 1980, 717-719. Engl. 11 refs.

More than 2 000 Cuban health care personnel are presently providing care in Third World countries; less than 5 years ago, this number was fewer than 100. Some 1 500 of these are physicians, representing nearly 13% of Cuba's 12 000 health service physicians. Cuba dominates the health care delivery system of four small African nations and South Yemen, while Cubans are a major presence in a number of larger countries, such as Iraq. (Modified journal abstract)

7478 **Hedley, J.** *Alternative methods of evaluating health manpower distribution.* Medical Care (Philadelphia, Pa.), 17(10), Oct 1979, 1054-1060. Engl. 19 refs.

Four characteristics of an ideal method of evaluating health manpower distribution include identifying the commodity in short supply, identifying the source of the underservice, making comparisons across areas or populations, and formulating an allocation rule for addressing the underservice. Since current approaches are unsatisfactory in terms of these criteria, an alternative method, based on the economic theory of production, is described. Recommendations for further research are also presented. (DP-E)

7479 **Ossorio, P., Landry, L.** *Nombre de médecins par habitant demeure insuffisant dans le monde en développement; pas de changement notable depuis dix ans. (Physician shortages persist throughout the developing world; no significant improvement in ten years).* Infirmière Française (Paris), 226, Jun 1981, 6. Fren.

According to WHO's annual statistical report, there were 3.3 million physicians in the world in 1977 yielding a ratio of 1:1 237 population if they were distributed evenly. Such is not the case, however, and the actual ratios are 1:552 for Europe, 1:592 for North America, 1:2 877 for Asia, and 1:5 434 for Africa. These figures are further broken down by region. (HC-L)

7480 **WHO, Geneva.** *Trends in medical manpower.* WHO Chronicle (Geneva), 29(2), 1975, 46-48. Engl.

Also published in French, Russian, and Spanish.

This article analyzes data gathered by WHO in 1973 on the ratio of physicians to the general population throughout the world (except in the People's Republic of China), reviewing the growth rate of medical density in the 1960s and indicating the increase in physicians that must be achieved in order to maintain or improve the medical density in the future. The great disparities between regions is noted and factors affecting patient care, such as the tendency toward urban practice or specialization, are considered. The availability of other types of health personnel, while not examined, is mentioned as a factor in dealing with this problem. Statistical data are included. (DP-E)

7481 **Wiese, W.H., Howard, C.A., Stephens, J.A.** *Augmentation of clinical services in rural areas by health sciences students.* Journal of Medical Education (Chicago, Ill.), 54(12), Dec 1979, 917-924. Engl. 13 refs.

Over a 5-year period, 230 senior-level students in medicine, nursing, and pharmacy served in clinics located throughout five rural US communities. Students participated in the development of the clinics and in the organization of services that otherwise would not have been delivered, while community-based preceptors helped integrate the students' learning about community processes. The project provided experiential learning and interdisciplinary interactions that were enthusiastically received by the students. Follow-up surveys suggested that the experience reinforced interest in eventual practice in rural areas and in interdisciplinary settings. The project also demonstrated that students were able to provide clinical services that were useful and acceptable

to the communities and that were supported by the local practitioners. (Modified journal abstract)

V.5 Financial Aspects

See also: 7420.

7482 **Barker, C., Marzoglio, C., Segall, M.** *Economy in drug prescribing in Mozambique.* Tropical Doctor (London), 10(1), Jan 1980, 42-48. Engl.
The authors explore ways to economize on pharmaceutical expenditures in Mozambique, particularly in urban hospitals, in order to make more resources available to rural areas. Comparative tables show that drugs are cheaper in tablet and capsule form than in syrups or drops and that injections are the most expensive form of all. Antibiotics vary greatly in price, but pencillin, tetracycline, and chloramphical are relatively inexpensive. Before prescribing a particular drug, doctors should ask themselves whether it is really necessary and whether a cheaper drug would be as effective. The paper concludes by listing a chronology of government policies relating to pharmaceutical products. (FM)

7483 **Fitz, R.H., Maxwell, B.H., Wilbur, J.** *Scholarships for rural medicine; the Commonwealth Fund experience with a pre-World War II indenture program.* Transactions of the American Clinical and Climatological Association (Richmond, Va.), 88, 1977, 191-196. Engl.
The history and outcome of a 1930-1940 US scholarship programme with indenture features, the aim of which was to help meet rural health needs through physician location, has been reviewed. The decision to modify sharply, if not discontinue, the programme was made before World War II. The war itself, and the changes in medical practice that followed, as well as forgiveness of the scholarship's practice commitments, preclude any reliable evaluation of the long-range effectiveness of the programme. Although some 30 years after the programme's discontinuation significantly more of the recipients were in general practice and in small communities than were their classmates, these differences are marginal if the primary care specialties are included. (Modified journal abstract)

7484 **Gauri, M.** *Some economic implications of breastfeeding.* Cajanus (Kingston, Jamaica), 13(2), 1980, 85-94. Engl.
This study of the economics of breast-feeding compares the cost of maternal supplementation with that of artificial feeding; it shows that, in the Caribbean, the 6-month cost of a supplementary diet for a lactating woman comprising wheat flour, margarine, and skimmed milk (US$24.40) was 28% of the cheapest available artificial feeding regimen for infants. The national implications for Trinidad and Tobago, where it is estimated that more than 65% of children are artificially fed during the 1st 6 months of life, are discussed. It is calculated that the country could save US$414 434.00 in 4 months by introducing the maternal supplementation programme. Statistical data are included. (DP-E)

7485 **Pourandouk, E., Tayback, M.** *Potable water and village health: is primary prevention affordable?* Public Health Reports (Rockville, Md.), 95(3), May-Jun 1980, 291-294. Engl.
A survey of the potable water supplies of 50 rural Iranian villages carried out to assess the practicality of primary prevention as a principal means of controlling gastroenteritis revealed that only one village had uncontaminated water and that the presence of a village health worker made no appreciable contribution to water quality. Cost analysis reveals that the US$35.00 *per capita* necessary to finance the construction of a suitable water supply would be more than offset by the reduction in expenditures for disease control, drugs, hospitalization, etc. Statistical data are included. (DP-E)

7486 **Solon, F.S., Puplin, B.M., Fernández, R.L., Latham, M.C.** *Control of vitamin A deficiency in the Philippines — a pilot project.* Food and Nutrition (Rome), 6(2), 1980, 27-36, 43. Engl. 11 refs.
A 3-year pilot project in the Philippines island of Cebu determined the magnitude of vitamin A deficiency and its clinical manifestation (xerophthalmia), designed three alternative programmes for eliminating and preventing it in various ecological zones, implemented the three programmes concurrently in separate areas in each zone, evaluated the results, and estimated the costs and benefits of each programme. The economic benefits of the monosodium glutamate (MSG) fortification programme markedly outweighed its costs. The government is extending MSG fortification at pilot-scale level to two other provinces. Statistical data are included. (Modified journal abstract)

V.6 Cultural Aspects

See also: 7150, 7544.

7487 **Bertrand, J.T., Pineda, M.A., Santiso G., R.** *Ethnic differences in family planning acceptance in rural Guatemala.* Studies in Family Planning (New York), 10(8/9), Aug-Sep 1979, 238-245. Engl. Refs.
A 1976 survey of family planning knowledge, attitudes, and practices was conducted among Spanish-speaking *ladinos* and Indian groups in 48 towns in Guatemala. The survey was repeated in 1978 with different individuals. This article compares the results of the surveys. The findings indicate that *ladinos* were far more knowledgeable about and more likely to use family planning techniques and that the gap between the groups in this respect had actually widened in the time between the surveys. The reasons for the Indians' rejection of family planning are considered and the authors suggest new strategies for making family planning more acceptable to these groups. Statistical data are included. (DP-E)

7488 **Burke, A.W.** *Trends in social psychiatry in the Caribbean.* International Journal of Social Psychiatry (London), 25(2), Summer 1979, 110-117. Engl. 51 refs.
Recent trends in social psychiatry in the Caribbean are

described. The author stresses the minority status of Western trained psychiatrists, who are unable to make contact with traditional therapists or to face the task of unravelling social and psychiatric pathology in an area disrupted by internal and external migration and remigration and disorganized by social change and a population deprived of adequate living standards due to high levels of unemployment. The efforts of local therapists are also discussed. (Modified journal abstract)

7489 Carme, B., Utahia, A., Tuira, E., Teura, T. *Filarial elephantiasis in French Polynesia: a study concerning the beliefs of 127 patients about the origin of their disease.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 73(4), 1979, 424-426. Engl.

A total of 127 patients in Tahiti suffering from elephantiasis were questioned about their opinion of the origin of their disease. Despite 25 years of antifilarial campaigns, ancestral beliefs are still widely held and only 12.5% implicated the mosquito as a causative agent. The majority (62.2%) thought the role of the mosquito to be impossible. A large number gave an injury, especially to the ankle, as a cause, aggravated by sea bathing. The reason for these poor results is a lack of education in the advanced age group. It is important that education concerning the real cause of filariasis be carried out during control campaigns. (Modified journal abstract)

7490 Devadas, R.P., Chandrasekhar, U., Cherian, S. *Development of ten school lunch menus using low cost indigenous foods.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 16(10), Oct 1979, 371-376. Engl.

The aim of the free school meal programme being implemented in several parts of India is to offer a lunch that provides one-third of a child's daily nutritional requirements at minimal cost. This paper describes an evaluation of 10 new recipes based on low-cost indigenous foods. The new recipes resembled the existing ones in nutritive value and were found to be well-accepted by the children, less costly than the existing recipes, and less demanding of the cook's time and energy. Differences in height and weight gain experienced by children fed the new and the existing diet over a 5-month period were not statistically significant. (HC-L)

7491 Gjemdal, T. *Pasienters bruk av naturmedisiner; en undersøkelse over bruken av naturmedisiner og kontakt med* paramedisinsk personell *hos pasienter i en indremedisinsk avdeling og blant kreftpasienter. (Use of traditional medicine among patients; an investigation of the use of medicinal plant products and paramedical personnel by patients in a medical ward and by cancer patients).* Tidsskrift for den Norske Laegeforening (Oslo), 99(17), 1979, 883-886, 895. Norwegian.

Among 100 patients admitted to a medical ward in September 1978, 49 had used medicinal plant products and 16 had contacted paramedical personnel. It was impossible to establish any positive effects, since in most cases the herbal remedies had been taken a long time before. Among 100 patients admitted to a medical or surgical ward during the spring and summer of 1978, 57 had tried medicinal plants for their illnesses and 13 had been in contact with paramedical personnel. The cancer patients had known for at least 3 months that they were suffering from cancer. In no case was there any proven positive effect of traditional medicine on cancer. (Modified journal abstract)

7492 Goodall, J. *Social score for kwashiorkor: explaining the look in the child's eyes.* Developmental Medicine and Child Neurology (London), 21(3), 1979, 374-384. Engl. Refs.

In a survey carried out from 1969-1972 at New Mulago Hospital, Kampala, Uganda, the guardians of 107 children with kwashiorkor and 111 controls were interviewed. After 50 of each group were matched according to age, sex, and tribe, 10 social factors (e.g., the child's hospital attendance, circumstances surrounding weaning, marital stability, family income, etc.) emerged that were significantly associated with the disease. It is suggested that these factors could be used as a social scoring system in assessing the risk of incipient kwashiorkor. Statistical data are included. (Modified journal abstract)

7493 Heggenhougen, H.K. *Utilization of traditional medicine — a Malaysian example.* Social Science and Medicine (Aberdeen, UK), 14B(1), Feb 1980, 39-44. Engl. 12 refs.

Interviews with 100 persons who had come to consult a traditional Malay healer revealed that the healer's clientele tended to be representative of the population at large, to exhibit physical or psychological problems rather than traditional ones (charms, spirit possession, etc.), to consider his services compatible with modern medical care, and to have great faith in his ability to make them feel better. This paper documents the interview results and describes five of the cases. (HC-L)

7494 Ho, S.C., Lun, K.C., Ng, W.K. *Role of Chinese traditional medical practice as a form of health care in Singapore; I: preliminary study.* American Journal of Chinese Medicine (Garden City, N.Y.), 8(1), Spring-Summer 1980, 26-36. Engl.

A retrospective study of 672 sample records of patients of a major institution providing Chinese traditional medicine in Singapore reveals that 97.3% of the patients were Chinese, with a dialect group distribution following closely that of the Singapore Chinese. The male:female patient ratio was 1.0:1.13. There were fewer patients of the pediatric age group and more of those aged 30 years or more. Some 43% of the patients sought treatment for "infective" and "internal, emotional, and weakness" diseases. The prevalent disease conditions seen among patients from the different age groups are also analyzed and discussed in this paper. Statistical data are included. (Modified journal abstract)

7495 Hulstaert, G. *Nkanga chez les Mongo. (Nkanga among the Mongos).* Zaire-Afrique (Kinshasa), 141, Jan 1980, 39-58. Fren.

The author studies the role of the *nkanga*, or traditional practitioner, in a primitive society of Zaire. In addition to using herbal remedies, the *nkanga* relies on the intervention of divine powers and the exorcism of evil spirits. Diagnosis is based on divining and on revelations from dreams and trances. The activities of the traditional healer in hunting and in times of war, as well as his role as intermediary between the spirit and human worlds, the hereditary aspect of the position, and the equipment used are also described. The author concludes by examining the attitudes of tribal members towards the activities of the *nkanga*. (FM)

7496 **Kone, A.** *Contribution de la médecine traditionnelle à l'amélioration des prestations des services de santé du Mali. (Contribution of traditional medicine to the improvement of health services delivery in Mali).* Bamako, Ecole Nationale de Médecine et de Pharmacie du Mali, 29 Nov 1976. 114p. Fren. Refs.
Doctoral thesis presented to the Ecole Nationale de Médecine et de Pharmacie du Mali, 29 Nov 1976.

Following a general introduction, the author reviews major health problems in Mali, the organization of health services, and the training of health manpower. After describing traditional medicine in the People's Republic of China and India, he focuses on the practice of traditional medicine in Africa, including its historical background, and attempts to integrate traditional and modern techniques. A separate chapter studies the particular situation of Mali and lists medicinal plants used in that country, examines the role of traditional practitioners and their techniques, and outlines the activities of the institute for research into traditional medicine and pharmacology. The final chapter identifies traditional remedies used in the area of Bamako. (FM)

7497 **Kroeger, A.** *Housing and health in the process of cultural adaptation: a case study among jungle and highland natives of Ecuador.* Journal of Tropical Medicine and Hygiene (London), 83(2), Apr 1980, 53-69. Engl. Refs.

The historical background, physical properties, sanitation, construction, and purpose of both traditional and modern housing are studied among two ethnic groups in Ecuador: jungle Indians in a warm humid climate and highland Indians in a temperate climate. In a survey of 727 families, traditional housing was found to provide better protection from the elements, more floor area per person, and better construction materials. Statistical data are included. (DP-E)

7498 **Lancet, London.** *Traditional medical practitioners: pros and cons.* Lancet (London), 1(1875), 3 May 1980, 963-964. Engl.

The integration of traditional medical practitioners into the modern medical system of developing countries presents many advantages as well as disadvantages. A major positive effect is economic, since traditional practitioners provide some measure of health care to many people in areas where modern services are unavailable. Furthermore, traditional health workers are closer to the people and relate better to their emotional and psychological needs. Certain traditional methods such as acupuncture and the use of herbal medicines can and have been adapted by modern medicine. Disadvantages include the unscientific, at times harmful, aspects of traditional medicine and of healers who exploit rural populations through fear and superstition. (FM)

7499 **Lowenstein, L.F.** *Attitudes and attitude differences to female genital mutilation in the Sudan: is there a change on the horizon?* Social Science and Medicine (Aberdeen, UK), 12A(5), 1978, 417-421. Engl. 15 refs.

A Sudanese survey of 158 unmarried men and 32 infibulated (4 married) women to examine their attitudes toward clitoridectomy and infibulation revealed that most of the men were opposed to these practices, while most of the women were in favour of them (it is pointed out that these women do not constitute an unbiased sample, although older infibulated women are always the most eager supporters of traditional genital mutilations). The main reason men now oppose these practices is their own sexual satisfaction rather than concern for the woman's health or comfort, but cultural attitudes are slowly changing. (DP-E)

7500 **Marinoni, A., Torre, E., Marco, R. de, Gatti, E., Ferrari, P.** *Dépeuplement des zones rurales et santé mentale: l'étude SASSIM. (Depopulation of rural districts and mental health: the SASSIM study).* Revue d'Epidémiologie et Santé Publique (Paris), 28(1), 1980, 105-114. Fren. 11 refs.

The present paper is part of a study of mental diseases in Sassim, a rural district near Pavia, Italy, where there has been an intensive process of depopulation during the last 20 years. The authors report the results of the 1st phase of the study, in which they investigated the demographic development of the population from 1960-1977, and the prevalence as well as incidence rates of mental diseases. Depopulation has not been only quantitative but has also altered the structure of population and has presented a quite different decrease velocity during the period examined. Trends in psychiatric morbidity seem to be associated with the distinctive feature of depopulation. Statistical data are included. (Modified journal abstract)

7501 **Meleis, A.I.** *Health care system of Kuwait; the social paradoxes.* Social Science and Medicine (Aberdeen, UK), 13A(6), Nov 1979, 743-749. Engl. 15 refs.

The author outlines the major social and demographic characteristics of Kuwait that affect the health care system, including population mix, nationalism, economics, modernization, education, and urbanization. He then reviews the organization of health services, health manpower training, and public perceptions of health and illness. In examining the interaction between social characteristics and health care, the author reveals how public attitudes have created a number of paradoxes peculiar to Kuwait. A strong sense of group and differing percep-

tions of illness have led to imbalances in the physician:patient ratio and an overcrowding of the system. (FM)

7502 **Muyembe-Tamfum, L., Kadima-Nzuji, M.** *Activité antibactérienne d'une préparation traditionnelle de Cogniauxia podolaena. (Antibacterial activity of a traditional preparation of Cogniauxia podolaena).* Médecine d'Afrique Noire (Paris), 27(6), Jun 1980, 551-555. Fren. 11 refs.
Quatrième Congrès International des Etudes Africains, Kinshasa, Zaïre, 12-16 Dec 1978.
Working with a number of traditional healers in Kinshasa, Zaire, the authors have been investigating the effectiveness against bacteria of a variety of medicinal plants. Their objective is to discover a remedy whose effectiveness can be scientifically proven and thereby provide an inexpensive treatment for certain common complaints. The present study examines the preparation as well as the preventive and curative properties of the plant *Cogniauxia podolaena*. Tests revaled that the plant effectively blocked the development of certain bacteria, notably those connected with dysentery and typhoid fever. Its action was similar to that of an antibiotic. The authors believe that such studies could lead to the reevaluation of traditional medicine and the development of a pharmaceutical technology adapted to the conditions of developing countries. (FM)

7503 **Myntti, C.** *Population processes in rural Yemen: temporary emigration, breastfeeding, and contraception.* Studies in Family Planning (New York), 10(10), Oct 1979, 282-289. Engl. 12 refs.
With reference to a survey conducted in three villages, this paper discusses the effect of three important variables on fertility in the Yemen Arab Republic. Two factors that would tend to increase and decrease fertility — a decline in breast-feeding and an increase in the use of contraceptives — are observed to exist concurrently. The effect on fertility of Yemeni males working outside the country is deemed less important in terms of spousal separation than in terms of the changes in attitude and the transformations in the rural economy that it occasions. (HC-L)

7504 **Nandi, D.N., Banerjee, G., Boral, G.C., Ganguli, H., Ajmany, S.** *Socio-economic status and prevalence of mental disorders in certain rural communities in India.* Acta Psychiatrica Scandinavica (Copenhagen), 3(1), 1979, 276-293. Engl. 21 refs.
All individuals in three villages situated in non-industrialized West Bengal, India, were interviewed for evidence of mental illness and efforts were made to correlate the prevalence of mental disorders with the socioeconomic status of the family for the sample as a whole and for the following four sub-groups: Caste Hindus, Scheduled Caste Hindus, Moslems in a predominantly Moslem community, and Moslems in a minority situation. Rates of morbidity were found to differ significantly between the four caste groups but, in general, to be higher among the upper classes, women, and the older age groups. This paper describes the study methodology and presents (in 9 tables) and discusses its results. (HC-L)

7505 **Ojanuga, D.N.** *Attitudes of medical and traditional doctors toward integration of the governmental health services in the western states of Nigeria.* Journal of Tropical Medicine and Hygiene (London), 83(2), Apr 1980, 85-90. Engl. 9 refs.
Interviews with 59 physicians and 43 traditional practitioners revealed that both were in favour of incorporating the latter into Nigeria's health system. It was recommended that traditional practitioners already working in villages be trained to function more or less as barefoot doctors, that herbalists running healing homes in areas not served by hospitals be given government subsidies, and that traditional practitioners be paid on a *per capita* basis. The advantages to the combined system are discussed. (DP-E)

7506 **Ojofeitimi, E.O., Oyefeso, O.O.** *Beliefs, attitudes and expectations of mothers concerning their handicapped children in Ile-Ife, Nigeria.* Royal Society of Health Journal (London), 100(3), Jun 1980, 101-103. Engl. 16 refs.
The nutritional status of 13 handicapped schoolchildren aged 7-14 years in Ile-Ife, Nigeria, was evaluated and their mothers (all illiterate) interviewed regarding their attitudes towards these children, the children's problems, and the children's needs. The results are discussed and presented as statistical data; they indicated that more than 60% of these children were malnourished and that their mothers generally rejected and neglected them. The need for special schools and child development centres is stressed. (DP-E)

7507 **Phoon, W.O.** *Implications on behavioural patterns of health and social changes.* Tropical Doctor (London), 10(1), Jan 1980, 32-37. Engl. Refs.
The author discusses the influence of health and social changes in Singapore on behavioural patterns. Overall health status has improved considerably during the past 10 years and infectious and parasitic diseases have declined. Widespread practice of family planning has reduced population growth. However, these changes have resulted in other problems, such as improper child care and a decline in breast-feeding as more women enter the work force. Care of the elderly has become more important as life expectancy increases and family structures change. Highrise housing is associated with many social problems and rapid industrialization has led to other psychological complications. (FM)

7508 **Rodríguez Domínguez, J., Vandale Toney, S., López Acuña, D., Yáñez V., B.L., Meljem Moctezuma, J.** *Tratamientos no médicos de la enfermedad en el medio rural mexicano; estudio en los usuarios de un centro de salud C en el estado de Morelos. (Non-medical treatment of disease in the Mexican rural environment; study of the users of health centre C in the Morelos district).* Salud

Pública de México (Mexico City), 21(1), Jan-Feb 1979, 13-30. Span. 19 refs.

All individuals seeking medical attention at a rural health centre in Tolotopan, Morelos, Mexico, during the year 1975 were questioned regarding the use of non-medical treatment prior to consultation. It was found that 38.9% of them had received some form of non-medical treatment: 24.8%, self-medication; 8.4%, home remedies; and 1.4%, traditional medical care. Significant differences in the use of non-medical treatment were observed between men and women, patients from within and without the limits of the community, the various age groups, and the various kinds and duration of illnesses. Eleven tables of data are presented and discussed. (HC-L)

7509 **Segal, I., Ou Tim, L.** *Witchdoctor and the bowel.* South African Medical Journal (Cape Town), 56(8), 25 Aug 1979, 308-310. Engl. 16 refs.

Case histories of urban South African blacks with a variety of disorders who suffered serious, sometimes fatal, complications after taking herbal remedies recommended by witch doctors are described. Some of the physical disabilities caused by urbanization are discussed and the authors emphasize that the mental and emotional stress caused by such extreme sociocultural change is a major factor influencing urban blacks to follow the reassuring pattern of consulting a traditional practitioner. It is suggested that traditional practitioners be incorporated into the country's organized health services as a means of protecting the public. (DP-E)

7510 **Sheikh-Dilthey, H.** *Normatives Verhalten und die Gesundheit des Einzelnen; ein Beispiel aus dem islamischen Bereich. (Normative behaviour and the health of the individual; example from an Islamic community).* Confina Psychiatrica (Basel, Switzerland), 22(2), 1979, 81-86. German.

Dritte Internationale Fachkonferenz für Ethnomedezin, n.p., 7 May 1977.

This paper, presented in May 1977 at the 3rd international conference on ethnomedicine, addresses the problems of individuality in the traditional Punjab-Muslim society. The power struggle within the family unit, the role of the female, the strict conditions regarding behaviour, and the influence of religion on disease are discussed. Resisting the oppression against the individual, 30-50-year-old females often suffer from migraines and insomnia, while 60-70-year-old women are troubled by neurosis and depression. It is becoming evident that, with the decline of the extended family in the industrial society, traditional roles, family hierarchy, and power influence on the individual are likewise decreasing. (EB)

7511 **Simms, P.** *Feeling of failure.* Saving Health (London), 19(1), Mar 1980, 5-9. Engl.

This paper discusses some of the problems encountered in the implementation of an outreach programme including tuberculosis control, maternal child health, and village health worker training in a rural missionary hospital in Pakistan. Of particular interest is the account of the social and cultural factors that made the training of village health workers impractical under local conditions. (HC-L)

7512 **Temcharoen, P., Sirivanaboot, P.** *Mother attitude toward breast feeding.* Journal of the Medical Association of Thailand (Bangkok), 62(2), Feb 1979, 70-73. Engl. 10 refs.

A 1977 survey of 210 mothers attending well-baby clinics at two Thai hospitals revealed a generally favourable attitude towards breast-feeding, especially among older women. Other demographic factors such as home town, educational level, occupation, and economic status apparently had no significant effect on interview responses. Statistical data are included. (DP-E)

7513 **Thobega, M.** *Which way volunteers? volunteer work in Botswana.* Gaborone, Botswana Red Cross Society, May 1980. 16p. Engl.

This paper discusses the concept of volunteerism as found in traditional Tswana society, contrasts it with the Western concept of volunteerism, and indicates, through an examination of the effect of modern political institutions on traditional decision-making processes and comments made by a wide spectrum of Botswana citizens, the divergences between the two. (HC-L)

7514 **Waxler, N.E.** *Is mental illness cured in traditional societies? A theoretical analysis.* Culture, Medicine and Psychiatry (Dordrecht, Netherlands), 1(2), Jul 1977, 233-253. Engl. Refs.

The author adapts the social labeling theory to explain the hypothesis that, in most traditional societies, mental illness is usually brief and non-recurrent. According to this theory, each society molds the patient to meet its own expectations of mental illness. Using data from the Sinhalese peasant society in Sri Lanka, the author shows why the belief and treatment systems in traditional societies support brief, easily-cured illnesses. The key element is the integrating function of all deviance, including mental illness, as opposed to its alienating effect in Western society. Through group rituals, deviance results in sanctions and obligations that solidify family and group ties and enable the patient to resume normal life quickly. (FM)

7515 **Westermeyer, J., Wintrob, R.** *"Folk" criteria for the diagnosis of mental illness in rural Laos: on being insane in sane places.* American Journal of Psychiatry (Hanover, N.H.), 136(6), Jun 1979, 755-761. Engl. 15 refs.

Folk criteria for identifying the mentally ill, as distinguished from folk theories about the causes of mental illness, have been comparatively neglected in cultural psychiatry. The authors describe the criteria by which villagers in Laos labeled 35 subjects *baa* (insane). Unprovoked assaultive or destructive behaviour, social isolation, self-endangerment due to neglect of personal needs, non-violent but socially disruptive or inappropriate behaviour, and inability to do productive work were found to be important folk criteria. The authors empha-

size that folk criteria for mental illness are determined primarily by the persistence of socially dysfunctional behaviour rather than by disturbances in thought and affect. (Modified journal abstract)

V.7 Epidemiological, Family Planning, Maternal Child Health, Nutrition, and Disease Control Studies

See also: 7184, 7241, 7268, 7300, 7333, 7435.

7516 **Aderele, W.I.** *Pulmonary tuberculosis in childhood; an analysis of 263 cases seen at Ibadan, Nigeria.* Tropical and Geographical Medicine (Haarlem, Netherlands), 31(1), 1979, 41-51. Engl. 11 refs.

The author analyzes 263 cases of pulmonary tuberculosis seen at a tuberculosis clinic at the University College Hospital, Ibadan (Nigeria), over a 54-month period. Information is given on age and sex distribution, symptoms and physical signs, evidence of BCG vaccination, social background of the patients, methods of investigation, management and treatment of the disease, outcome of treatment, and complications experienced. Some often overlooked symptoms are noted and suggestions made for dealing with the problem of patients who for some reason discontinue treatment. Statistical data are included. (DP-E)

7517 **Al Tawil, N.** *Microfilaraemia survey in Vientiane, Laos.* Southeast Asian Journal of Tropical and Public Health (Bangkok), 10(4), Dec 1979, 483-485. Engl. 10 refs.

A June 1977-January 1978 microfilariaemia survey carried out in 27 rural Laotian villages (total population 9 300) revealed one positive case of *Wuchereria bancrofti* and two cases of elephantiasis, all of which were probably infected in the northeastern province of Houa Phanh. Thick blood smears were the basic method used to test for filariasis, which is apparently unusual in the area. (DP-E)

7518 **Alukla, W., Ukoli, F.** *Feeding habits of infants in Benin City, Nigeria.* Tropical Doctor (London), 10(1), Jan 1980, 29-31. Engl.

A survey of 237 mothers attending the infant welfare clinic in Benin City, Nigeria, showed that 210 babies were bottle- as well as breast-fed during the 1st month. A total of 16 women wholly breast-fed their babies, while 2 babies were wholly bottle-fed during the 1st 6 months. Solid food was introduced in most cases by the age of 6 months. Reasons for the high percentage (56%) of women reporting insufficient breast-milk should be investigated. The present study is intended to form the basis of improved nutrition and health education programmes at the centre. (FM)

7519 **Allan, W.G., Girling, D.J., Fayers, P.M., Fox, W.** *Symptoms of newly diagnosed pulmonary tuberculosis and patients' attitudes to the disease and to its treatment in Kong Hong (sic).* Tubercule (Edinburgh), 60(4), Dec 1979, 211-223. Engl.

A questionnaire was given to 201 patients with smear-positive and to 199 with smear-negative pulmonary tuberculosis, all of whom were attending a government chest clinic in Hong Kong for the 1st time. Information was obtained about the symptoms of the disease, its diagnosis and treatment outside the government service, and about patients' knowledge of and attitudes to the government clinics. Delays between the patients' 1st attendance at a treatment source and their 1st attendance at a government clinic were significant. Only 33% of those attending another type of service were correctly diagnosed and many were correspondingly inadequately treated. Patients were, in general, ill-informed about the government chest clinics. The study revealed an urgent need for improved public education about the symptoms of tuberculosis and the possibilities of being examined and treated free of charge in a government clinic. (Modified journal abstract)

7520 **Amador, M., Bacallao, J., Flores, P.** *Indice energía/proteína: nueva validación de su aplicabilidad en evaluación nutricional. (Energy:protein ratio; new evidence of its applicability in nutrition evaluation).* Revista Cubana de Medicina Tropical (Havana), 32(1), Jan-Apr 1980, 11-24. Span. 30 refs.

A new anthropometric measurement that is based on tricipital skinfold thickness and arm circumference promises to be a valuable indicator, not only of nutrition status, but also of the body's ratio of energy-to-protein reserves (EP ratio). This paper describes a study that was carried out in 97 day care centres in Cuba to test the feasibility and reliability of the EP ratio. The study revealed a clear correlation between EP and weight-for-height values; separate percentiles, however, had to be calculated for the dependent variables of age at 1 sex. Statistical data are included. (HC-L)

7521 **Arabia, G., Grtig, D., Kleeberg, H.H.** *First tuberculosis prevalence survey in KwaZulu.* South African Medical Journal (Cape Town), 56(11), 8 Sep 1979, 434-438. Engl.

A tuberculosis prevalence survey undertaken during 1974 tested 3 789 people from 10 randomly selected sites in KwaZulu, South Africa. Of the 1 769 children aged less than 18 years, 28.7% had BCG scars. Radiographs of persons 15 years of age and older revealed 893 negatives, 25 with active tuberculosis and 3 with miliary TB. Of the 1 136 sputum specimens examined by fluorescence microscopy, 15 were found to be positive and 9 of them were confirmed by culture. Culture of 1 149 specimens yielded 9 isolations of *Mycobacterium tuberculosis* and 17 strains of other mycobacteria. The annual rate of infection was calculated at 1.4% and a downward trend was indicated. A follow-up survey after 5 years is needed to confirm this trend. Statistical data are included. (Modified journal abstract)

7522 **Arciniegas, A., Bonilla, L., Guerrero, E.** *Evaluación de la cobertura de la vacunación BCG en la población menor de 15 años del Departamento de Risaralda, Colombia, por el método de muestreo. (Evaluation of BCG vaccination coverage in the population aged less than 15 years in the Department of Risaralda, Colombia, using the sampling method).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 86(6), Jun 1979, 517-528. Span. 9 refs.

An evaluation of BCG vaccination coverage in children aged less than 15 years in the Department of Risaralda, Colombia, was conducted by means of the random cluster sampling method and the results were compared with data obtained through the regular health services information system. It was found that 70.3% of the urban and 57.6% of the rural population surveyed exhibited signs of vaccination (the expected percentages, based on health records, were 65.4% and 67.1%, respectively). The study methodology and results are described and the data are analyzed by age group, sector, municipality, scar size, etc. (HC-L)

7523 **Aronson, A., Levav, J.** *Psychosomatic disorders in a rural family practice.* Psychosomatics (New York), 20(7), Jul 1979, 483-491. Engl. 15 refs.

A 13-year psychiatric epidemiological study conducted in six Israeli villages found that some 35% of the adult population had at least one psychosomatic disorder recorded during that time. The rates were consistently higher for women and increased with age. Education exerted a different influence on men than on women. Variability among ethnic groups was also noted. The frequent occurrence of psychosomatic disorders and the fact that patients turn to the medical clinic for help emphasize the need for the general practitioner to be trained in psychosomatic medicine. (Modified journal abstract)

7524 **Barbosa, V., Stewien, K.E., Lima, O.S. de, Osiro, K.** *Nível de imunidade contra a poliomielite em um grupo de crianças vacinadas de acordo com o calendário oficial de imunização (São Paulo, Brasil). (Level of immunity to poliomyelitis in a group of children vaccinated according to the current official vaccination scheme (São Paulo, Brazil)).* Revista de Saude Publica (São Paulo, Brazil, 12(3), 1978, 326-332. Portuguese.

At the experimental health unit of the *Escola Paulista de Medicina*, São Paulo, Brazil, 34 infants were immunized according to the recommended schedule with 2-3 doses of trivalent polio vaccine and later serologically tested for the presence of antibodies. Only those infants receiving 3 doses of vaccine were found to exhibit adequate levels of immunity. Given, however, the ideal conditions under which the vaccine was administered and the relatively high socioeconomic level — and, hence, health status — of its recipients, it is recommended that the number of scheduled doses be raised to 5 to compensate for less favourable circumstances. (HC-L)

7525 **Barode, J.P., Sathe, P.V., Deo, K.H., Rao, V.K.** *Epidemic of paralytic poliomyelitis in Aurangabad district.* Archives of Child Health (Bombay, India), 20(2), Mar 1978, 29-33. Engl. 15 refs.

This paper describes the epidemiological and clinical aspects of a poliomyelitis epidemic that occurred in Aurangabad district, Maharashtra, India, from May-October 1976. The epidemic is attributed to inadequate vaccination coverage, as evidenced by the fact that 38 out of 46 urban victims had received either no dose or only a single dose of oral polio vaccine. The inadequacy of protection afforded by the vaccine is also implicated. (HC-L)

7526 **Basta, S.S., Soekirman, M.S., Karyadi, D., Scrimshaw, N.S.** *Iron deficiency anemia and the productivity of adult males in Indonesia.* American Journal of Clinical Nutrition (Bethesda, Md.), 32(4), Apr 1979, 916-925. Engl. 26 refs.

After some 88% of adult male workers on a rubber plantation in West Java (Indonesia) were found to have hookworm and 45% anaemia, treatment of an experimental group by iron supplementation resulted in a significant improvement in haemotological status, Harvard Step Test performance, work output, and morbidity. A placebo group, which received a daily incentive payment that was spent mainly on food, showed a lesser improvement in these areas, while the health status of an untreated subsample receiving no payment showed no improvement. The cost of iron supplementation was considered small compared to the economic benefits of increased productivity and lowered morbidity. Statistical data are included. (DP-E)

7527 **Batista Filho, M., Ferraz de Lacerda, M.A., Andrade Lima Coelho, H. de** *Desnutrição proteíco-energética em três cidades brasileiras: São Luis, Recife e São Paulo. (Protein-calorie malnutrition in three Brazilian cities: São Luis, Recife, and São Paulo).* Boletín de la Oficina Sanitaria Panamericana (Washington, D.C.), 90(1), Jan 1981, 48-58. Portuguese. 35 refs.

Some 3 000 children aged less than 5 years from the cities of São Paulo, Recife, and São Luis were studied for the purpose of establishing an epidemiological grid of the geographical distribution of malnutrition in Brazil. At the same time, a methodological trial was carried out on the anthropometric indicators used in evaluating the nutritional status of the population at highest risk. The methods of Gómez, Ariza-Macías, and Seoane-Latham provided the parameters of nutritional status that were utilized. The results are discussed and presented as statistical data. (Modified journal abstract)

7528 **Bhargava, S.K., Ghosh, S., Lall, U.B.** *Study of low birth weight infants in an urban community.* Health and Population Perspectives and Issues (New Delhi), 2(1), 1979, 54-66. Engl. 27 refs.

A 1969-1973 study of 23 700 families (119 799 individuals) in South Delhi, India, revealed that the incidence of low birth weight was 22.9%, of which 2.7% had a birth weight of 2 000 g or less and 20.2% had a birth weight

of 2 001-2 500 g. Maternal height of 140 cm or less, pregravid weight of 35 kg or less, and length of gestation were all factors associated with low birth weight. Mortality was related inversely to birth weight and declined sharply in infants of birth weight 2 001-2 500 g but was still high as compared to infants of birth weight 2.5 kg. Later physical growth was shown to be affected by the initial birth weight. Statistical data are included. (DP-E)

7529 **Bloemers, L.** *Efficacy of malathion shampoo against head louse infestation.* Acta Leidensia (Leiden, Netherlands), 46, 1978, 7-8. Engl.

This Dutch experiment shows that treatment with 1% malathion shampoo cured pediculosis in 17 patients. Shampoo-treated hair was lethal to 1st instar lice. This strength shampoo was considered superior to shampoo with 5% malathion, whose strong smell makes it unacceptable to many potential users. (DP-E)

7530 **Bradley, R.M.** *Survey of water use in a low income urban area of the Middle East.* Royal Society of Health Journal (London), 100(2), Apr 1980, 67-71. Engl. 20 refs.

This paper describes the sort of water supply and excreta disposal facilities usually available in developing countries and discusses the financial implications of the International Drinking Water and Sanitation Decade. Data are presented from a survey of water use in an urban area in the Middle East and design guidelines are suggested for optimizing health benefits in view of present water consumption rates. (Modified journal abstract)

7531 **Beck, A.A., Anderson, R.I., MacRae, A.A., Fain, A.** *Epidemiology of poly-parasitism; I: occurrence, frequency and distribution of multiple infections in rural communities in Chad, Peru, Afghanistan, and Zaire.* Tropenmedizin und Parasitologie (Stuttgart, Germany FR), 29(1), Mar 1978, 61-70. Engl. Refs

This paper presents data on the frequency and types of multiple infections with different parasitic and other infectious agents found in the inhabitants of 13 villages in Chad, Peru, and Afghanistan. The age and sex patterns of a number of observed combinations of parasitic and other diseases are shown for different ecological zones. Concomitant infections with up to five species of filarial worms are found in the Congo River Basin of Zaire. The specific types of combinations of these infections vary from place to place and appear to be closely linked to ecological factors. Statistical data are included. (Modified journal abstract)

7532 **Burke, M., York, M., Sands, I.** *Inter-American investigation of mortality in childhood; report on a household sample.* Washington, D.C., Pan American Health Organization, Scientific Publication No. 386, 1979. 145p. Engl.

This investigation was carried out in 15 locations of the Americas (13 of them in Latin America) from 1968-1970 with a view to exploring in depth the causes of excessive mortality in infancy and early childhood. The 1st chapter of this monograph presents data from the study on the sample population and its characteristics, an estimate of vital events based on the sample data, and a comparison of the characteristics of households where childhood deaths had occurred and those where they had not. The remaining three chapters analyze the following aspects of the problem: growth curves and nutritional status of children in selected study areas of Latin America, social and economic characteristics of all the mothers, and the products of pregnancy and their survival related to the characteristics of the mothers. (HC-L)

7533 **Cabrera, R.** *Influence of maternal age, birth order and socioeconomic status on infant mortality in Chile.* American Journal of Public Health (New York), 70(2), Feb 1980, 174-177. Engl.

From 1969-1974, the birthrate in Chile declined by 10% and the infant death rate by 18.6%. In 1974, there were proportionately fewer births at higher birth order than in 1969. Such births carry significantly higher risk to the infant in both the neonatal and post-neonatal periods of life. Comparison of data from urban areas of high and low socioeconomic status yield similar findings. The findings are presented as statistical data and their implications for family planning programmes are discussed. (Modified journal abstract)

7534 **Coffrey, K.T.** *Maternal mortality — a continuing challenge in tropical practice; a report from Kaduna, northern Nigeria.* East African Medical Journal (Nairobi), 56(6), Jun 1979, 275-277. Engl. 11 refs.

The author analyzes 141 deaths due to or associated with pregnancy at Ahmadu Bello University Hospital, Kaduna, Nigeria, from January 1, 1976-December 31, 1977, and compares these results with those from other centres in Africa where alternative methods of management were used. The results are discussed and presented as statistical data. A major problem was the failure of the patient to attend an antenatal clinic before labour began. It is suggested that, as well as education of women, improved diagnostic services and operating conditions are needed to reduce maternal mortality. (DP-E)

7535 **Campbell, C.C., Martinez, J.M., Collins, W.E.** *Seroepidemiological studies of malaria in pregnant women and newborns from coastal El Salvador.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(2), Mar 1980, 151-157. Engl. 16 refs.

One-hundred-and-thirteen pregnant women and their newborns in a malaria-endemic area of El Salvador (with an estimated annual parasite index of 600:1 000 population) were monitored during pregnancy and up to 6 months of age for indirect fluorescent antibody response to malaria infection. Infections in the women were immediately treated with a single dose of 60 mg base of amodiaquine and, in the infants, with a single dose of 5 mg/kg of amodiaquine. This paper presents and discusses the study findings. They suggest that transplacental immunization (passively acquired immunity) is limited and not likely to be a major factor in preventing parasitaemia in El Salvadorean newborns. (HC-L)

7536 **Cornu, B., Laigret, J.** ***Eléphantiasis filariens en Polynésie Française (Wuchereria bancrofti var. pacifica), étude portant sur 274 sujets; 1: aspects épidémiologiques et cliniques. (Filarial elephantiasis in French Polynesia (Wuchereria bancrofti var. pacifica), study of a survey of 274 patients; 1: clinical and epidemiological aspects).*** Bulletin de la Société de Pathologie Exotique et de ses Filiales (Paris), 71(6), 1978, 455-465. Fren. 10 refs.

See also entry 7537 for part 2.

After 25 years of filarial control by mass chemotherapy with diethylcarbamazine (DEC), the endemicity of filariasis in French Polynesia has become stabilized at a new level. The existence of an antifilarial control organization enables over 40% of the population to be surveyed. The incidence of microfilaria carriers on the island of Tahiti fell from 32% in 1949 to 3.8% in 1976, while the incidence of elephantiasis fell from 7% in 1949 to 0.5% in 1976. The incidence of clinical filariasis, however, remained high in the other islands of the Society group because of the heavy migration of young people to Papeete during the last 15 years. The results of a survey of 274 people with clinical filariasis examined in 1976 are discussed and presented as statistical data. (Modified journal abstract)

7537 **Cornu, B., Kieffer, H., Laigret, J., Gentilini, M.** ***Eléphantiasis filariens en Polynésie Française (Wuchereria bancrofti, var. pacifica); 2: aspects biologiques. (Filarial elephantiasis in French Polynesia (Wuchereria bancrofti, var. pacifica); 2: biologic aspects).*** Bulletin de la Société de Pathologie Exotique et de ses Filiales (Paris), 71(6), 1978, 465-471. Fren. 16 refs.

See also entry 7536 for part 1.

In this French Polynesian study, 274 filariasis patients were tested for microfilaraemia, eosinophilia, and haemagglutinating antibodies. Blood analysis revealed that 4% showed microfilaraemia with a maximum density of 14.9 and median 4.5 per mm³. These results are close to the general population prevalence of 3.62%. The results of the other tests are discussed and presented as statistical data. (Modified journal abstract)

7538 **Cavenagh, J.A.** ***Is fertility declining in less developed countries? An evaluation analysis of data sources and population programme assistance.*** Population Studies (London), 33(2), 1979, 283-293. Engl.

Using statistics from 1965-1975, the author demonstrates how differences in interpreting data can either show a decline or an increase in crude birthrates in developing countries. He suggests that reported decreases in fertility from some countries may be more apparent than real and calls for more accurate registration of primary vital statistics. Furthermore, the relation between financial resources allocated to family planning programmes and decreases in birthrates also vary greatly, depending on which statistics are used. In some cases, large amounts spent on such assistance have been accompanied by an actual increase in the birthrate. (FM)

7539 **Chakrabarty, A.K.** ***Morbidity pattern in Andaman and Nicobar Islands.*** Health and Population Perspectives and Issues (New Delhi), 3(3), 1980, 232-239. Engl.

Disease patterns in Andaman and Nicobar Islands (India) were studied on the basis of available records for 1978-1979. Infective and parasitic diseases were responsible for almost 50% of total illnesses; the highest morbidity was due to diseases of the respiratory system. Diarrhea, dysentery, skin diseases, malaria, and tuberculosis were common and malnutrition was widespread. The death rate was low because many fatal cases did not come to medical facilities. The author recommends a number of measures to improve the situation. Statistical data are included. (Modified journal abstract)

7540 **Chakraborty, A.K., Gothi, G.D., Dwarakanath, S., Singh, H.** ***Tuberculosis mortality rate in a south Indian rural population.*** Indian Journal of Tuberculosis (New Delhi), 25(4), 1978, 181-186. Engl. 8 refs.

Estimated on the data obtained from a 5-year epidemiological study in a rural population of south India, the annual cause-specific death rate due to tuberculosis was 84:100 000 population aged 5 years and over; this represented about 9% of mortality due to all causes in the same population. The death rates were highest in those aged 55 years and over and the lowest in children aged 5-14 years; they appeared to increase with age. Compared with the estimates of tuberculosis deaths in India available for 1949 (about 250:100 000), the present rates were lower. Statistical data are included. (Modified journal abstract)

7541 **Chaurasia, A.R., Pattanshetty, J.** ***Index for the evaluation of growth in children.*** Indian Journal of Pediatrics (Calcutta, India), 46(379), 1979, 261-265. Engl.

A mathematics equation based on simple anthropometric measurements (weight, height, and chest perimeter) is proposed as an index to juvenile malnutrition. When this method was tested on 150 schoolboys from Gwalior, India, it proved to be accurate within .06-.05 independent of age. Statistical data are included. (DP-E)

7542 **Chen, S.T.** ***Infant feeding practices in Malaysia.*** Medical Journal of Malaysia (Singapore), 33(2), Dec 1978, 120-124. Engl. 11 refs.

A survey of 100 mothers attending the University Hospital, Kuala Lumpur, Malaysia, who were interviewed regarding the way they fed their babies and toddlers, revealed that breast-feeding was practiced by less than half the sample. Solids, especially cereals, were introduced unnecessarily early (50% by age 14 weeks). The weaning diet was generally high in starchy foods and low in proteins such as meat, fish, and eggs. Statistical data are included. (Modified journal abstract)

7543 **Chinn, C., Sukhani, S.** ***Perinatal and neonatal mortality and morbidity in Lusaka, 1976.*** Medical Journal of Zambia (Lusaka), 12(5), 1978, 110-115. Engl. 13 refs.

This 1976 review of infant mortality and morbidity in a Lusaka (Zambia) hospital was conducted to provide a basis for future comparisons and improvement of newborn care. The death rate for hospital-born babies was 28.7:1 000 deliveries, compared to 239.96:1 000 admissions of infants born outside the hospital. Causes of death are discussed and presented as statistical data. (DP-E)

7544 **Clark, W.F.** *Rural to urban nutritional gradient: appliction and interpretation in a developing nation and urban situation.* Social Science and Medicine (Aberdeen, UK), 14D(1), Mar 1980, 31-36. Engl. 18 refs.

To test the hypothesis that rural malnutrition is one of the determinants of migration to the cities, a random sample of 265 preschoolers from rural and urban populations in the kingdom of Tonga were studied. The results did not support the hypothesis; anthropometric measurements revealed rural children to be larger and more physically developed than their urban counterparts, while dietary recall and household food consumption surveys showed that, in virtually every significant category of basic food consumption, rural households enjoyed a better diet than did urban households. Cultural influences affecting food consumption patterns in the city are discussed. (HC-L)

7545 **Clements, M.S., Dhir, S.P., Gerstein, J.T., Wang, S.P.** *Long term follow-up study of a trachoma vaccine trial in villages of northern India.* American Journal of Ophthalmology (Chicago, Ill.), 87(3), Mar 1979, 350-353. Engl. 15 refs.

A total of 451 children aged 5 months-6 years were included in a vaccination study for trachoma conducted in several rural villages of northern India. The two vaccines used were a sucrose gradient purified and a Genetron purified vaccine. Booster shots were given 3 months after the initial injection. Both vaccines offered good protection against trachoma infection for 1 year, but only the gradient vaccine protected for 2 years. The results of a 12-year follow-up study, which located 201 of the original subjects, found no protection by either vaccine but no evidence of side effects. (FM)

7546 **Cole, T.J.** *Method for assessing age-standardized weight-for-height in children seen cross-sectionally.* Annals of Human Biology (London), 6(3), 1979, 249-268. Engl. 23 refs.

This paper presents a new method for the assessment of weight-for-height in children seen cross-sectionally which, it is believed, overcomes the problem of age dependence in the weight-height relationship. Statistical data on 4 631 children from Montserrat, the Gambia, Uganda, the UK, and the USA are used to demonstrate its effectiveness. (HC-L)

7547 **Coosemans, M.** *Lutte contre les vecteurs du paludisme en Afrique tropicale. (Control of malaria vectors in tropical Africa).* Médecine Tropicale (Marseilles, France), 38(6), Nov-Dec 1978, 679-684. Fren. 41 refs.

Indoor spraying with residual insecticides is at present the most effective method of malaria control. Following the failures observed during campaigns using DDT, BHC, and dieldrin, WHO has implemented a widespread programme for evaluating and testing new insecticides. The principal compounds tested are discussed, but only four are considered as possible replacements for DDT: malathion, fenitrothion, proponur, and dichlorvos. However, these compounds are very expensive and less permanent than DDT. (Modified journal abstract)

7548 **Cox, J.W.** *Longitudinal study of the changing pattern in Aboriginal infants' growth 1966-76.* Journal of Biosocial Science (Cambridge, UK), 11(3), Jul 1979, 269-279. Engl. 12 refs.

Comparison of longitudinal data on infant weights in two Aboriginal samples indicates changes in infant growth patterns from 1966-1976 that suggest that weight gain slows as soon as a child is weaned. Despite occasional catch-up growth, the weight at age 1 year compares less favourably to British standards than weight at time of weaning. While urbanizaton has led to higher birth weights, presumably by eliminating factors detrimental to intrauterine growth, these benefits are transient, because urbanization also leads to earlier weaning. The author urges that all Aboriginal women be encouraged to prolong breast-feeding. Statistical data are included. (DP-E)

7549 **Cox, J.W.** *Growth characteristics of preschool Aboriginal children.* Australian Paediatric Journal (Melbourne, Australia), 15(1), 1979, 10-15. Engl. Refs.

The growth records of over 500 Aboriginal children born since 1970 and living in five Aboriginal communities in Cape York, Queensland, are analyzed. For the 1st 2-3 months of life, the Aborigines appear to have measurements for weight and head circumference similar to those of British children. Growth retardation occurring at age 3-12 months is partially compensated by a "catch-up" spurt during the following 1-2 years. This does not fully compensate, however, for the check during the critical period of head growth and the resultant mean head circumference remains below the British average. It seems that the small head circumference and light weight characteristic of the Aboriginal schoolchild is primarily attributable to growth failure and is not a racial characteristic. Statistical data are included. (Modified journal abstract)

7550 **Daghfous, M.T., Remadnoe, K., Kamoun, M., Triki, F., Dawson, R.** *Trachome après vingt ans de contrôle. (Trachoma after twenty years of control).* Revue Internationale du Trachome Pathologique Oculaire Tropicale et Subtropicale (Annonay, France), 56(1), 1979, 39-53. Fren. 13 refs.

In order to discover the current prevalence and geographical distribution of trachoma in Tunisia and to evaluate the impact of 20 years of trachoma control, 19 211 adults and children in 142 rural areas were examined for evidence of the disease and/or its complications. The results of the study indicate that trachoma is no

longer a public health problem in most areas of the country. It is suggested that the trachoma control programme be expanded to include the prevention and treatment of all eye diseases that may result in blindness and the actions that such a programme would involve are outlined. (HC-L)

7551 **Dalton, P.** *Socioecological approach to the control of* Schistosoma mansoni *in St. Lucia.* Bulletin of the World Health Organization (Geneva), 54(5), 1976, 587-595. Engl. 11 refs.
Also published in French and Spanish.

This paper records the systematic studies of man/water contact in a valley in St. Lucia in which *Schistosoma mansoni* is transmitted, before the introduction of a household water supply. It was found that the behaviour patterns of the population could be classified into different types related to particular and measurable domestic and occupational or economic activities. It was also observed that the number and duration of daily contacts with water played a vital role in determining the relative risk of infection, correlating significantly with the number of infected persons by age in a survey carried out immediately after the water contact studies. It is concluded that consideration should be given to measuring and assessing the relative importance of different contact activities in relation to transmission of schistosomiasis and the formulation of appropriate control measures. Statistical data are included. (Modified journal abstract)

7552 **Dawson, K.P., Richardson, E., Carpenter, J., Blair, Q., McKean, N.** *Keeping abreast of the times: the Tauranga infant feeding survey.* New Zealand Medical Journal (Wellington), (89), 14 Feb 1979, 75-78. Engl. Refs.

A 1979 survey of infant feeding practices was carried out among 187 mothers whose babies were born over a 3-month period at Tauranga Hospital, Tauranga, New Zealand. The results of the survey, which was intended to document the incidence of breast-feeding and to gain information on the factors influencing the choice of feeding method, are discussed and presented as statistical data. The findings suggest that mothers need encouragement to breast-feed and advice on how to introduce a satisfactory milk food (DP-E)

7553 **Desai, P., Ahern, V.N.** *Assessment of the role of a general clinic of a health centre in a rural Jamaican community.* West Indian Medical Journal (Kingston, Jamaica), 28(2), 1979, 178-184. Engl.

This 1972-1973 study describes the disease patterns and demographic characteristics of patients attending the general clinic of a rural health centre in Lawrence Tavern, a village in Jamaica. The results are discussed and presented as statistical data. Skin and respiratory diseases were the most prevalent, while patients with venereal diseases apparently sought treatment from other health centres. (DP-E)

7554 **Devadas, R.P., Jamala, S., Amudha Surabhi, V., Murthy, N.K.** *Evaluation of a food supplement to school children.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 16(9), Sep 1979, 335-341. Engl.

Two hundred randomly-selected children aged 5-8 years from six rural villages in Coimbatore district, India, were fed a locally-available vegetable-protein supplement over a 10-month period. Changes in their mental abilities and nutritional status were then noted and compared with those of 200 controls. The supplemented children achieved significantly greater height and weight gains than did the control children and exhibited slightly better academic performance. The mean mental ability scores of the two groups, however, were not statistically significant. Details of the composition, nutrient value, and cost of the food supplement are provided. (HC-L)

7555 **DeWitt, G.F., Sothirajaseharan, A., Wan, K.C.** *Environmental impact on human health in Malaysia.* Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 10(4), Dec 1979, 581-586. Engl. 9 refs.

The impact of development on the environment in Malaysia and its management are discussed with special reference to human health. After examining the rapid industrial growth of the country, the authors look at the attempts that are being made to manage the land and natural resources and to deal with the environmental hazards of industrial effluents. An overview of the health situation in Malaysia reflects development, urbanization, and industrialization with a decline in infant, toddler, and maternal mortality but a rise in deaths due to accidents. Health problems associated with industrialization, both mental and physical, are increasing. The authors warn that the quality of life, not the standard of living, must improve if true progress is to be achieved. Some statistical data are included. (DP-E)

7556 **Ekpenyong, T.E.** *Belona: a legume-based blended food for the tropics.* Nutrition Reports International (Los Altos, Cal.), 19(1), Jan 1979, 15-26. Engl. Refs.

Chemical evaluation of *Belona*, a commercially produced food product, shows that it is rich in proteins, calcium, and phosphorous and that its nutritional value is comparable to other food products used in developing countries. It can be used as an effective milk substitute for infant feeding in protein-deficient areas, as well as a food supplement in adult diets. Statistical data are included. (FM)

7557 **Ellis, K.V.** *Waste water treatment in a developing African state.* Water Pollution and Control (Maidstone, UK), 78(3), 1979, 2023-2032. Engl.

Returning to Zambia after 7 years, the author found an effective waste water industry, well-adapted to the various financial, supply, and personnel difficulties normally encountered in a developing state in central South Africa. There was an apparent movement towards oversophistication in the processes employed and some lack

of necessary maintenance for the stabilization ponds. (Modified journal abstract)

7558 **Everard, C.O., James, A.C., Dalbeo, S.** *Ten years of rabies surveillance in Grenada, 1968-1977.* Bulletin of the Pan American Health Organization (Washington, D.C.), 13(4), 1979, 342-353. Engl. 27 refs.

From 1968-1977, the rabies surveillance programme in Grenada consisted mainly of vaccination campaigns for domestic animals, which did reduce the incidence of the disease in dogs by about 50%, and measures to control the mongoose population, which is the major rabies reservoir. Although the last human death from rabies occurred in 1970 and the number of rabid mongeese seems to be declining, the authors warn that the natural fluctuation in the cycle of the disease in wildlife could easily cause an eventual resurgence of rabies. Statistical data are included. (DP-E)

7559 **Ewert, A., Corredor, A., Lightner, L., D'Alessandro, A.** *Onchocerciasis focus in Colombia: follow-up study after 12 years.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 28(3), 1979, 486-490. Engl. 8 refs.

This 1977 study is a follow-up of a 1965 investigation of the only known focus of *Onchocerca volvulus* in Colombia. Of the 254 individuals examined in 1977, 22 were found to be infected. Among those included in the 1965 survey, 22 were examined again for microfilariae. Two were positive in both studies, 4 were positive in 1965 but negative in 1977, and 16 were negative on both occasions. The prevalence of infection, based on identification of microfilariae in skin snips, was lower in the latter study (7.5%-15.1%). However, a 50% response to the Mazzotti test (administration of oral diethylcarbamazine) among a limited number of people upstream from the previously identified endemic area suggests that infection with *O. volvulus* may be quite widespread. Statistical data are included. (Modified journal abstract)

7560 **Fernando, D.F.** *Nuptiality, education, infant mortality and fertility in Sri Lanka.* Journal of Biosocial Science (Cambridge, UK), 11(2), Apr 1979, 133-140. Engl. 8 refs.

The determinants of fertility variation among districts of Sri Lanka are explored by multiple regression analysis. The proportion of women aged 20-24 years who are married and the proportion of women of reproductive age who have received at least 5 years of education account respectively for 46% and 24% of district variation in total fertility. Infant mortality variation accounts for only 8%. It is argued that encouragement of education of women and postponement of marriage is one practical measure that [illegible] help to reduce Sri Lankan fertility. Statistical data [illegible] included. (Modified journal abstract)

7561 **Foggin, C.M., Swanepoel, R.** *Rabies in Rhodesia: the current situation.* Central African Journal of Medicine (Salisbury), 25(5), May 1979, 98-100. Engl.

This 1977 study of rabies in Rhodesia found that the incidence of the disease has increased, probably due to the disruption by the war situation of regular dog vaccination programmes, particularly in the tribal areas. The results are discussed and presented as statistical data. The necessity for compliance with dog vaccination regulations is stressed and the acquisition of strays as pets is discouraged. Recommendations are made for maintaining adequate stocks of suitable human antirabies vaccine. (DP-E)

7562 **Freij, L., Mascunine, G.W., Berg, N.O., Wall, S., Gebre-Medhin, M.** *Ascariasis and malnutrition: a study in urban Ethiopian children.* American Journal of Clinical Nutrition (Bethesda, Md.), 32(7), Jul 1979, 1545-1553. Engl. 49 refs.

In order to determine the relationship between ascariasis and childhood malnutrition, two studies were conducted of Ethiopian children aged less than 5 years in Addis Ababa. Although infection with ascariasis may result in malnutrition, in which case treatment of symptomatic ascariasis is justified, it is doubtful whether large scale deworming programmes have a beneficial nutritional effect at the community level. The studies showed no evidence of improved nutritional status following treatment for ascariasis in areas where both malnutrition and ascariasis were highly prevalent, but the general worm load was low. The author warns against allocating scarce child health care resources on deworming campaigns in such situations. Statistical data are included. (FM)

7563 **Gelmer, E.M., Burkhardt, K.R.** *Correlation of the results of X-ray and sputum culture in tuberculosis prevalence surveys.* Tubercule (Edinburgh), 61(1), Mar 1980, 27-31. Engl. 15 refs.

In the course of 6 tuberculosis prevalence surveys carried out in South Africa, 5 477 persons were investigated by sputum culture and chest X-ray. The X-ray was reported to show evidence of tuberculosis in 723 cases, and of these the sputum culture was positive in only 100 (13.8%). The sputum culture was also positive in another 76 (1.5%) cases in which the chest X-ray was negative. The reasons for these discrepancies are discussed. Statistical data are included. (Modified journal abstract)

7564 **Ghosh, S., Zaidi, I., Lakshmy, A., Choudhury, P., Bhargava, S.K.** *Growth and development of children in different ecological settings.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 16(5), May 1979, 155-164. Engl. 22 refs.

This longitudinal study of growth and development patterns in some 600 urban Indian children aged 0-6 years reveals that these children have a slower growth rate than do children in developed countries. The study results are discussed in detail and presented as statistical data. Cognitive development in these children appeared to be directly related to their socioeconomic status, nursery school attendance, and nutritional status. (Modified journal abstract)

7565 **Ghosh, T.K., Ramanujacharyulu, T.S., Hooja, V., Madhavan, S.** *Mortality pattern in an urban birth cohort.* Indian Journal of Medical Research (New Delhi), 69(4), Apr 1979, 616-623. Engl. 19 refs.

This paper presents a study of perinatal, neonatal, and infant mortality among 5 732 births recorded from December 1969-March 1972 in South Delhi (India). The results are discussed and presented as statistical data. The birth weight, gestation period (individually and in combination), and sex of the infant, as well as the age, parity, and socioeconomic status of the mother, are correlated with the death rates. Finally, the results are compared with those of other studies. (DP-E)

7566 **Goldsmid, J.M.** *Review of the importance of human parasitic diseases in Rhodesia.* Central African Journal of Medicine (Salisbury), 24(9), Sep 1978, 181-187. Engl. 118 refs.

This paper presents a check-list of species of parasites that have been recorded in humans in Rhodesia and a compilation of all recorded deaths due to parasitic diseases from 1964-1965. Statistical data are included. (HC-L)

7567 **Goodall, J.** *Malnutrition and the family: deprivation in kwashiorkor.* Proceedings of the Nutrition Society (London), 38(1), May 1979, 17-27. Engl. 20 refs.

Three-hundred-and-twentieth Scientific Meeting of the Nutrition Society, London, UK, 7-8 Sep 1978.

For complete document see entries 7172, 7173, 7192, 7207, 7221, 7240, 7248, and 7611.

In Kampala, Uganda, 50 children with kwashiorkor were matched for age, sex, and tribe with 50 controls and the presence of 10 indicators of social and economic deprivation (e.g., absence of mother) in both groups was studied. The 10 factors were found to be more significant in the backgrounds of the children with kwashiorkor than in the backgrounds of the controls. It is concluded that, in childhood, sustained personal care and affection are essential to normal growth. Statistical data are included. (HC-L)

7568 **Greaney, M.** *Polluted water and childhood diarrhoea in Jakarta, Indonesia.* Progress in Water Technology (Oxford, UK), 11(1/2), 1978, 57-64. Engl. 17 refs.

Use of the waters of the Ciliwung River in Jakarta (Indonesia) for both domestic purposes and sewage disposal contributes significantly to the large number of gastrointestinal diseases found there. This study presents evidence of the relation between intestinal bacterial contamination and the fecal pollution of living conditions in the poor section of Jakarta and suggests that this type of pollution can be readily identified by examining the bacterial flora of oropharyngeal secretion in young children. Similar problems exist amongst Australian Aboriginals, indicating a need for further studies of environmental factors in areas where intestinal infections are major health concerns. Seven tables of data are included. (EB)

7569 **Grainger, C.B.** *Birth weight of infants in the Seychelles.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 74(2), 1980, 258-259. Engl.

In order to provide baseline data for a study of infant mortality, for which prematurity is often a predisposing cause, a retrospective survey of all singleton live births at Victoria Hospital, Seychelles, was conducted for the year 1977. Mean birth weights were then calculated for infants of each sex according to the various maternal age groups and parities. This paper presents and briefly discusses the survey results. (HC-L)

7570 **Greenwood, B.M., Bradley, A.K., Cleland, P.G., Heggie, M.H., Hassan-King, M.** *Epidemic of meningococcal infection at Zaria, northern Nigeria: I: general epidemiological features.* Transactions of the Royal Society of Tropical Medicine and Hygiene (London), 73(5), 1979, 557-562. Engl.

In 1977, Zaria (northern Nigeria) was affected by a severe epidemic of group A meningococcal infection; 1 257 patients were admitted to hospital during a 3-month period. The epidemic started towards the end of the dry season when it was hot and dusty and finished shortly after the onset of the rains. The overall attack rate was 3.6:1 000. Few cases occurred among those belonging to the upper social classes. The disease was seen most frequently among those aged 5-14 years and there was a strong male preponderance. The overall mortality was 8.3%, but mortality was much higher (40.6%) among 67 patients with acute meningococcaemia. Statistical data are included. (Modified journal abstract)

7571 **Gull, G.A.** *Typhoid fever in Dominica, W.I. — report on the clinical features of 78 cases.* West Indian Medical Journal (Kingston, Jamaica), 28(2), 1979, 94-99. Engl. Refs.

From 1972-1976, the author analyzed 78 cases of typhoid fever at the Princess Margaret Hospital in Roseau, Dominica. Results showed that distribution of the disease is still island-wide, with peaks during the hot months of April-June and the rainy months of August-November. Incidence of the disease was higher among males than females and among patients aged 10-19 years. No cases were found in those aged more than 50 years. Fever was the predominant clinical feature, followed by headaches, abdominal pain, and diarrhea. The drug chloramphenicol was used to treat all cases, usually with good results. However, the author also examines reports of resistant strains of *Salmonella typhi*. Statistical data are included. (FM)

7572 **Hadidjaja, P., Ouwejan, S., Rusul, R., Subeno, A.A., Sulaeng, L.S.** *Survey on schistosomiasis and other intestinal parasites of Menghakui village in central Kalimantan, Indonesia.* Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 9(3), Sep 1978, 442-443. Engl.

In an attempt to identify a focus of schistosomiasis in Kalimantan (Indonesia), a survey of Mangkahui village was conducted in September 1977. Clinical examinations of stool specimens from residents with history of diarrhea were made for signs and symptoms attributable to schistosomiasis. In addition, blood smears were taken for malaria and a snail survey was conducted along the banks of the river and streams near the village. The results are discussed and presented as statistical data. The authors suggest that the low prevalences in Mangkahui may be due to the habit of the villagers of defecating in the river, thus avoiding food contamination. (DP-E)

7573 **Heinen, M., Gebhardt, J.M., Kennedy, S.** *Study of gonorrhoea in the Rhodesian African.* Central African Journal of Medicine (Salisbury), 24(7), Jul 1978, 140-144. Engl. 10 refs.

Cases of suspected gonorrhea seen during 1976 in a Salisbury clinic, Rhodesia, were confirmed by means of bacteriologic isolation of *Neisseria gonorrhea* and tested for drug resistance and the presence of concurrent infections. Also, the value of the serological gonococcal complement fixation test (GCFT) in diagnosing acute infections was evaluated against 27 cases of confirmed gonorrhea. Briefly, the results showed that gonococcal strains significantly resistant to penicillin have not as yet developed in Salisbury and that the serological GCFT does not provide a reliable laboratory diagnosis for acute gonococcal infections. (HC-L)

7574 **Hallen, S.T.** *Epidemiologic aspects of rheumatic fever and rheumatic heart disease in Israel.* Israel Journal of Medical Science (Jerusalem), 15(12), Dec 1979, 999-1002. Engl. 11 refs.

A high incidence of rheumatic fever in Israel followed the immigration waves of the 1950s, in contrast to a decline in new cases over the last 10 years. After 1970, mortality from rheumatic fever dropped to 0. The prevalence of rheumatic heart disease has declined in children but shows a different trend in adults. The number of hospitalized patients has increased, parallel to the increasing population. While a plateau curve is seen in the mortality of males of all ethnic origins, there has been a slight decline in mortality among women. The increase in prevalence of rheumatic heart diseases among adults is explained by massive immigration from countries with a high incidence of this disease. (Modified journal abstract)

7575 **Hande, B.K., Pantekar, P.V., Gadkari, A.S., Raman, V., Kulkarni, S.W.** *Integrated approach to rural sanitation towards better health.* In Rural Development Technology. An Integrated Approach, Bangkok, Asian Institute of Technology. International Conference Papers, 1979, 695-707. Engl.

International Conference on Rural Development Technology: an Integrated Approach, Bangkok, Thailand, Jun 1977.

A pilot project was initiated in 10 villages near Nagpur, India, to determine the effect on health status of various sanitation improvements, including a protected water supply and sanitary latrines. Preliminary surveys showed that hookworm infestation was high and other parasitic diseases were prevalent. The use of latrines and disinfected water is expected to reduce the worm load. A survey to be taken 3-4 years after the introduction of these measures will show which were the most effective and the data will be used to plan similar programmes elsewhere in India and other developing countries. Statistical data are included. (FM)

7576 **Hansen, J.D., MacDougall, L.G., Thing, J.R., Thornber, M.R.** *Evaluation of high-protein supplements in children with protein energy malnutrition.* South African Medical Journal (Cape Town), 55(18), 28 Apr 1979, 715-718. Engl.

This South African study describes three high protein mixes that were added to maize porridge for the treatment of three groups of 112 children with kwashiorkor. Weight gains averaged 4-6 g:kg:day and energy intakes varied from 105-135 kcal:kg:day. The protein components of the mixes were cow's milk, a soybean textured vegetable protein, and a protein, vitamin, and mineral combination. It is concluded that traditional natural food supplements are still the most economical way of enriching maize diets. Statistical data are included. (DP-E)

7577 **Hedman, P., Brubak, J., Forslund, J., Siebuf, V., Bengtsson, E.** *Pocket of controlled malaria in a holoendemic region of West Africa.* Annals of Tropical Medicine and Parasitology (Liverpool, UK), 73(4), 1979, 317-325. Engl. 8 refs.

From 1953-1961, the mining town of Yekepa, Liberia, was part of the WHO pilot project for malaria eradication and considerable success in controlling malaria locally was then achieved. The results of a 1978 malariometric survey of 306 children indicated that those from Yekepa had a spleen rate of 10.7% and a parasite rate of 12.6%, compared to respective rates of 95% and 67.5% for the control group from the surrounding area. The annual cost of the malaria control measures was approximately US$4.40 *per capita*. Statistical data are included. (DP-E)

7578 **Henderson, B.E.** *Observations on cancer etiology in China.* National Cancer Institute Monographs (Bethesda, Md.), Monograph No. 53, 1979, 59-65. Engl.

Major variations in cancer by site and sex are being discovered in the People's Republic of China. Nasopharyngeal carcinoma is the commonest form in Kwangtung Province; liver cancer is predominant along the coast near Shanghai and appears to be the major cause of mortality in many other parts of the country. The death rate of esophageal cancer varies greatly in areas short distances apart; this geographical variation is paralleled by carcinoma of the gallot in domestic chickens. Several foods, particularly a type of pickled vegetable, contain high concentrations of nitrosamines and nitrites, which are thought to be aetiologically important. Statistical data are included. (Modified journal abstract)

7579 **Henderson, B.E., Aiken, G.H.** *Cancer in Papua New Guinea.* National Cancer Institute Monographs (Bethesda, Md.), Monograph No. 53, 1979, 67-72. Engl. 10 refs.

Among the Melanesian population in Papua New Guinea, cancer of the oral cavity associated with betel nut chewing is the most commonly reported. Liver cancer is also common and is closely associated with chronic hepatitis-B infection. Burkitt's lymphoma occurs along coastal areas with a high rainfall and intense malaria transmission. The descriptive epidemiology of other cancers in Papua New Guinea is also discussed. Statistical data are included. (Modified journal abstract)

7580 **Hermsdo, M.P., Amador, M., Bacallao, J.** *Nutritional assessment of infants and preschool children using two different anthropometric criteria of classification.* Acta Paediatrica Academiae Scientiarum Hungaricae (Budapest), 20(1), 1979, 35-42. Engl. 31 refs.

A 1974 Cuban study of 184 infants and children showed a close correlation between two different anthropometric criteria of classification: considering the quantity of body mass for linear dimension by the ratio of W(weight):H(height) and considering the degree of wasting according to weight for height (WH). The linear regression between them was highly significant ($r=0.931$). For assessing actual undernutrition, WH gives a figure closer to the situation. Tables are used for illustrating the differences between W:H and WH. (EB)

7581 **Hiatt, R.A., Satomayor, Z.R., Sánchez, G., Zambrana, M., Knight, W.B.** *Factors in the pathogenesis of acute schistosomiasis mansoni.* Journal of Infectious Diseases (Chicago, Ill.), 139(6), Jun 1979, 659-666. Engl. 32 refs.

In 1975, the symptoms of 26 previously uninfected Puerto Rican patients were assessed in order to study the acute manifestation of schistosomiasis. Symptoms included fever, anorexia, weight loss, abdominal pain, headache, and weakness, which occurred in more than 80%. The progress of the disease in these patients is described. Statistical data are included. (DP-E)

7582 **Hill, J.L.** *Re-survey of the prevalence of Malayan filariasis in south-west Sabah, Malaysia.* Medical Journal of Malaysia (Singapore), 33(1), Sep 1978, 26-29. Engl.

A filarial survey was made in October 1977 of the Kuala Penya district of Sabah, Malaysia. Night-blood films were taken from 1 305 persons (of a population of 4 747) and microfilariae of *Brugia malayi* were found in 11 (0.84%) compared to a 1964 rate of 4.4%. The mean microfilarial density was 18.5:20 mm³ blood. No elephantiasis of the limbs was seen, but cases were said to occur. Spraying against malaria had taken place many times from 1959-1977. Statistical data are included. (Modified journal abstract)

7583 **Ho, J.H.** *Some epidemiologic observations on cancer in Hong Kong.* National Cancer Institute Monographs (Bethesda, Md.), Monograph No. 53, 1979, 35-47. Engl. 23 refs.

The average incidence by age group per 100 000 for both sexes and the age-standardized incidence rates for the 10 most common cancers in Hong Kong for 1974 were determined. It appears that a good coverage of the actual incidence has been achieved by the Cancer Registry for cancers of the nasopharynx, bronchus, esophagus, colon, rectum, breast, cervix, and bladder, but it was incomplete for cancers of the liver and stomach. A difference in the period of life at which carcinogenesis was initiated was indicated. It is believed that epidemiology is the key to the solution of the cancer problem in Hong Kong. Copious statistical data are included. (Modified journal abstract)

7584 **Hoff, R., Mott, K.E., França Silva, J., Menezes, V., Hoff, J.N.** *Prevalence of parasitemia and seroreactivity to* Trypanosoma cruzi *in a rural population of northeast Brazil.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 28(3), 1979, 461-466. Engl. 23 refs.

Age-specific prevalence rates of parasitaemia and seroreactivity to *Trypanosoma cruzi* were determined in a rural area endemic for Chagas' disease in northeast Brazil. Parasitaemia was detected by blood cultures and xenodiagnosis and serum antibodies to the parasite were measured by the complement fixation (CF) and indirect immunofluorescence (IFA) tests. The results are discussed and presented as statistical data and the methods of testing are evaluated. Using the age-dependent relationship of parasitaemia to seropositivity determined in this study, the prevalence rate of *T. cruzi* parasitaemia was estimated in a much larger adjacent population in which seropositivity rates and the demographic structure were already known. (Modified journal abstract)

7585 **Ingenbleek, Y., Luypaert, R., Nayer, P. de** *Nutritional status and endemic goitre.* Lancet (London), 1(8165), 23 Feb 1980, 388-391. Engl. 43 refs.

Biochemical indices of thyroid function and serum-retinol levels in adult goitrous patients from an endemic area in Senegal were compared with those of non-goitrous controls from an area in which goitre was not endemic. The findings (reduced thyroid binding proteins and reduced serum-retinol levels) could be accounted for by protein malnutrition. They also showed that in goitrous and malnourished patients, the feedback regulation of thyrotropic hormone is governed more by thyroxine than by triiodothyronine and that in such patients serum thyroxine is better than serum triiodothyronine as an indicator of thyroid function. Statistical data are included. (Modified journal abstract)

7586 **Isaacson, C., Sulzer, C., Kaye, V., Greenberg, M., Woodruff, J.D.** *Cancer in the urban blacks of South Africa.* South African Cancer Bulletin (Johannesburg), 22(2), Apr-Jun 1978, 49-84. Engl. 93 refs.

A review of all cases of cancer diagnosed in blacks at the Baragwanath Hospital, Johannesburg, South Afri-

ca, was conducted for the 10-year period 1966-1975. In this paper, 42 tables of results are presented and discussed separately according to tumour site. It is concluded that, apart from tumours of the esophagus and liver, the black male has a much smaller cancer problem than his white counterpart, and, apart from cancer of the cervix, the black female does not have a major cancer problem. (HC-L)

7587 **Islam, M.R., Greenough, W.B., Rahaman, M.M., Choudhury, A.K., Sack, D.A.** *Labon-gur (common salt and brown sugar) oral rehydration solution in the treatment of diarrhoea in adults.* Journal of Tropical Medicine and Hygiene (London), 83(1), Feb 1980, 41-45. Engl. Refs.

A simple salt and sugar oral solution was tested on 50 adult patients in Dacca, Bangladesh, who were suffering from moderate dehydration due to diarrhea. Oral fluid alone was successful in 41 cases, while the remaining 9 required initial intravenous fluid. Normal hydration was attained within 8 hours and a good urinary output was established within 24 hours. Acidosis was corrected much more slowly, however, requiring 5-7 days. This is not a problem in cases of mild-to-moderate diarrhea but could lead to serious complications in small children and those suffering from severe diarrhea. (FM)

7588 **Jancloes, M.F., Cornet, P., Thiesquet, D.** *Mass control of ascariasis with single oral doses of levamisole; a controlled comparison in 3,056 subjects between three incomplete population coverages.* Tropical and Geographical Medicine (Haarlem, Netherlands), 31(1), 1979, 111-122. Engl. 8 refs.

In a study of the effectiveness of levamisole against *Ascaris lumbricoides*, ancylostoma, *Strongyloides stercoralis*, and *Trichuris trichiura*, a total of 3 056 subjects from 3 villages in the highly endemic Kisantu area of Zaire were given a single dose of 2.5 mg:kg of levamisole or a placebo, the percentage of coverage varying with each village. Fresh feces were collected and examized at the start of the study and 3 more times at 3-month intervals. The results indicate that levamisole is effective in treating ascariasis but not the other infections. Statistical data are included and recommendations for mass treatment of ascariasis with levamisole are made. (DP-E)

7589 **Janjua, S.** *National mortality in major city hospitals of Pakistan.* Journal of the Pakistan Medical Association (Karachi), 29(2), Feb 1979, 38-40. Engl.

The author presents the rates and causes of maternal mortality in eight city hospitals in Pakistan in 1975. Although accurate statistics are not available in Pakistan as a whole, figures indicate a maternal mortality of 7.9:1 000. Death rates in the hospitals varied from 25.4-1.1:1 000. Main causes of death were haemmorrhage, septicaemia, and eclampsia. Many deaths occur among grand multiparous women, often with unwanted pregnancies. The author discusses the importance of good antenatal care and delivery services, as well as adequate family-spacing facilities, as vital preventive measures. (Modified journal abstract)

7590 **Jayasuriya, P.I.** *Pattern of venereal diseases in a provincial clinic.* Ceylon Medical Journal (Colombo), Mar 1977, 52-54. Engl.

This paper presents an analysis by age, sex, and diagnosis of the 1 026 patients who were seen at the venereal diseases clinic in Galle, Sri Lanka, in 1974. The classical venereal diseases — syphilis, chanchroid, and gonorrhoea — accounted for 50% of all cases, with gonorrhoea being the most common. Statistical data are included. (HC-L)

7591 **Jensen, O.M., Tuyns, A.J., Ravisse, P.** *Cancer in Cameroon: a relative frequency study.* Revue d'Epidémiologie et Santé Publique (Paris), 26(2), 1978, 147-159. Engl. 28 refs.

Some 1 390 male and 1 418 female cancer cases examined histologically in Cameroon from 1969-1973 are analyzed. The relatively most frequent cancers were: for males — skin 30%, malignant lymphomas 13%, primary liver 11%; for females — skin 20%, uterine cervix 16%, breast 10%. Tumours of the lung and intestinal tract were rare. Ethnic differences were noted with regard to cancer of the liver, skin, buccal cavity, lung, and bladder. Possible sources of bias are discussed and statistical data are included. (Modified journal abstract)

7592 **Jhala, C.L., Goel, R.K., Dave, S.K.** *Epidemiology of poliomyelitis in rural area of Gujarat — a report of house to house survey in Patan Taluka.* Indian Journal of Medical Sciences (Bombay, India), 33(6), Jun 1979, 145-149. Engl. 21 refs. Twenty-eighth Gujarat Medical Conference, Surat, India, May 1975.

The results of a house-to-house survey of paralysis in rural Gujarat, India, involving 57 435 people in 25 villages, revealed 224 paralyzed individuals, 157 of whom were classified on the basis of clinical criteria as poliomyelitis victims. This gave an incidence of 1.8:1 000 and 5.8:1 000 in children aged less than 8 years. This is a higher rate than has been previously reported. The disease was slightly more common in males and was in general a disease of infants, whereas other forms of paralysis had an onset later in life. Statistical data are included. (Modified journal abstract)

7593 **Johnson, R.O., Johnson, B.H., Grieve, A.W.** *Congenital heart disease amongst Malaysian children.* Medical Journal of Malaysia (Singapore), 33(2), Dec 1978, 125-127. Engl.

An analysis is made of the diagnosis in 1 000 Malaysian children with congenital heart disease investigated mainly by clinical diagnosis in the University Hospital, Kuala Lumpur. The six main defects were ventrical septal defect (40%), patent ductus arteriosis (15%), Fallot's tetralogy (14%), atrial septal defect (5%), pulmonary stenosis (5%), and endocardial cushion defect (2%). Coarctation of the aorta and aortic stenosis were unexpectedly rare. (Modified journal abstract)

7594 **Kaplan, J.E., Larrick, J.W., Yost, J., Farrell, L., Greenberg, H.B.** *Infectious disease patterns in the Waorani, an isolated Amerindian population.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(2), Mar 1980, 298-312. Engl. 56 refs.

Using serological tests to determine antibody prevalence, skin test data, and stool examination for parasites, the authors construct a profile of both endemic infectious diseases and those that have been introduced into the Waorani population in eastern Ecuador. These findings are compared with similar data from elsewhere in the Amazon. Serological studies demonstrating the presence of antibodies to measles and poliovirus type 3 after vaccination indicate that the Waorani respond normally to viral challenge with these agents. The question of genetic inability among Aboriginal Amerindians to respond to viral agents is discussed. Finally, general recommendations are made concerning the future health care of the Waorani. (Modified journal abstract)

7595 **Kassira, E.N., Abdou, I.A.** *Nutritional status of school children in various localities of Baghdad as judged by skinfold-thickness and muscle circumference of the arm.* Journal of the Faculty of Medicine Baghdad (Baghdad), 20(2), 1978, 196-210. Engl. 9 refs.

Mid arm skin-fold thickness, mid arm circumference, and muscle circumference:age data were determined for 2 758 Iraqi schoolchildren aged 6-18 years from different areas of Baghdad. A comparison with similar European and US data showed that the average Iraqi schoolchild had a higher skin-fold thickness and a lower muscle circumference, indicating a greater caloric reserve and a lower muscle mass (protein content), due mainly to dietary rather than genetic or environmental differences. These results are discussed and presented in statistical tables. (DP-E)

7596 **Kazimi, L.J., Kazimi, H.R.** *Infant feeding practices of the Igbo, Nigeria.* Ecology of Food and Nutrition (London), 8(2), 1979, 111-116. Engl. 9 refs.

A study of the pattern of infant feeding among the Nigerian Igbo tribe and attitudes of the mothers towards breast-feeding showed that 94% of all mothers breastfed their infants for at least 6 months, the duration of breast-feeding and the size of the family was inversely proportional to the educational achievement of the mothers, and 20% of the children had at least one attack of diarrhea before the age of 6 months. The prevalence of diarrhea and malnutrition and the high death rate could be attributed to the introduction of supplementary food too early in unsanitary conditions, the ignorance of the mothers as to the proper weaning diet, and the large number of children in most families. Statistical data are included. (Modified journal abstract)

7597 **Khuri-Bulos, N.** *Diphtheria in Jordan: a diminishing yet important paediatric disease.* Journal of Tropical Medicine and Hygiene (London), 83(2), Apr 1980, 79-83. Engl.

Of 27 diphtheria patients (15 male, 12 female), most aged from 2-9 years, who were admitted to Jordan University Hospital from 1977-1978, 7 of the 18 patients with questionable or no vaccination status died, compared to only one of the 10 who were partially or completely vaccinated. While the incidence of diphtheria in Jordan has been steadily decreasing, limited outbreaks are likely to continue unless an immunization rate of 70% is achieved. (DP-E)

7598 **Kravchenko, V.K.** *Nekotorye aspekty epidemiologii malyarii v narodnoii demokraticheskoii respublike Yemen. (Some aspects of the epidemiology of malaria in the People's Democratic Republic of Yemen).* Meditsinskaya Parazitologiya i Parazitarnye Bolezni (Moscow), 48(4), 1979, 10-13. Russ.

The People's Democratic Republic of Yemen was divided into five geographical zones and a total of 263 658 individuals were examined for malaria. Overall prevalence of the disease in the population was 18.2% and highest in districts with agricultural irrigation; high mountain and desert zones were non-malariogenic. *Plasmodium falciparum* was detected in 95% of cases with positive blood tests and the main vector was *Anopheles gambiae*. Most intensive malaria transmission occurred from November-March. (Modified journal abstract)

7599 **Krishnaswami, K.V., Rahim, M.A., Parthasarathy, R., Raja, M.A.** *B.C.G. test.* Indian Journal of Tuberculosis (New Delhi), 26(2), 1979, 70-74. Engl.

An accelerated reaction to BCG vaccination indicates that the subject is already a tuberculin reactor and may be presumed to have been infected by *Mycobacterium tuberculosis* (or some other mycobacterium). BCG can therefore be used as a test of tuberculin sensitivity and infection. In this 1978 study in Madras, India, patients with respiratory symptoms not previously vaccinated with BCG were given Mantoux tests and simultaneously vaccinated with BCG by intracutaneous injection. The results are discussed and presented as statistical data. The authors conclude that as a diagnostic tool BCG is not superior to the Mantoux test, although it may serve the dual purpose of protecting the uninfected and detecting the infected. (Modified journal abstract)

7600 **Kuizón, M.D., Platón, T.P., Ancheta, L.P., Angeles, J.C., Núñez, C.B.** *Iron supplementation studies among pregnant women.* Southeast Asian Journal of Tropical Medicine and Public Health (Bangkok), 10(4), Dec 1979, 520-527. Engl. Refs.

The effect of iron supplementation alone or in combination with ascorbic acid as a preventive and/or corrective measure against anaemia was tested using pregnant women seeking prenatal consultation at various health centres in Manila (the Philippines). One daily tablet containing 65 mg iron alone or in combination with ascorbic acid during a supplementary period that varied from 16.5-17.8 weeks maintained initial haemoglobin and haematocrit levels in non-anaemic women. Three

tablets of the same iron preparation daily resulted in significant increases in haemoglobin and haematocrit in anaemic women, while ascorbic acid alone had an apparently beneficial effect. Considering the positive response to iron treatment, it is recommended that a nation-wide programme of iron supplementation of pregnant Filipinos be undertaken. Statistical data are included. (DP-E)

7601 **Kusin, J.A., Voorhoeve, A.M., Jansen, A.A., Lakhani, S., T Mannetje, W.** *Longitudinal study of pregnant women in relation to outcome of pregnancy in Kenya.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 16(5), May 1979, 195-205. Engl. 28 refs.

As part of the Machakos Project (Kenya), a pregnancy study was initiated in 1978 to monitor the health of pregnant women in the area and assess the relationship between patterns of change in nutritional status during pregnancy and outcome of pregnancy, lactation performance, and infant growth. The findings are discussed and presented as statistical data. There were 361 infants born to 357 mothers and the percentage of abortions, stillbirths, neonatal deaths, and low-birth-weights were 1.4, 4.4, 2.5, and 6.3, respectively. The women in the study sample generally gained less weight than pregnant women in other developing countries. (DP-E)

7602 **Lachica Meré, M. de, Garza Contreras, B.A., Siller de Salinas, R., Salgado R., L.R., Salgado R., L.M.** *Problemas de salud en edad preescolar que pueden interferir con el aprendizaje. (Health problems in preschool-age children that can interfere with learning).* Boletín Médico del Hospital Infantil de México (Mexico City), 37(1), Jan-Feb 1980, 163-168. Span. 10 refs.

Examination and surveillance of 230 preschoolers in a nursery school in Mexico by an interdisciplinary team consisting of a pediatrician, a psychologist, and three teachers revealed a considerable number of physical and mental problems. This paper describes the main types of pathology encountered. Such screening is recommended as a means of diagnosing and managing many conditions that would otherwise constitute obstacles to learning once the child entered school. Statistical data are included. (HC-L)

7603 **Lam, C.K.** *Family planning knowledge, attitude and practice in the rural areas of Sarawak.* Journal of Biosocial Science (Cambridge, UK), 11(3), Jul 1979, 315-323. Engl.

A survey of 1 056 married women living in rural areas of Sarawak, Malaysia, showed that 86% of them had knowledge of family planning and that 85% expressed a favourable attitude towards it. Of the total sample, 46% were using some form of contraception; the pill was the most popular method and was used by 76% of the women practising contraception. The present average family size in rural Sarawak is 5.3 and greater family planning programme efforts will be needed if this is to be reduced, especially in view of the social and cultural factors involved, and the generally low educational standard of the women. Statistical data are included. (Modified journal abstract)

7604 **Lancet, London.** *Praziquantel: a new hope for schistosomiasis.* Lancet (London), 1(8169), 22 Mar 1980, 635-636. Engl.

Results of drug trials conducted in Zambia, Japan, and other countries by a pharmaceutical company with the help of WHO reveal that praziquantel is more than 90% effective against all three types of schistosomiasis whether taken in one dose of 50 mg:kg or three doses of 20 mg:kg. Side effects, although always mild, were slightly greater with the larger dose. The main impediment to the widespread use of the drug seems to be its cost: £2 per treatment. (DP-E)

7605 **Larsson, M.H.** *Evidências epidemiológicas da ocorrência de escabiose, em humanos, causada pelo* Sarcoptes scabiei *(De Geer, 1778) var.* canis *(Bourguignon, 1853). (Epidemiological evidence on the occurrence of scabies in humans, caused by* Sarcoptes scabeie *var.* canis). Revista de Saúde Pública (São Paulo, Brazil), 12(3), 1978, 333-339. Portuguese. 24 refs.

The human infestation with *Sarcoptes scabiei* var. *canis* was studied. From 143 humans who were in close contact with 27 infested animals, the author was able to detect 58 infested individuals (40.56%). The incidence of this zoonosis was higher among women than men and individuals of all ages were indiscriminately affected. The scabies agent was observed in 3 out of 12 patients submitted to skin scraping. (Modified journal abstract)

7606 **Lubis, C.P., Siregar, H., Siregar, A., Lubis, R.M.** *Measuring malnutrition and intestinal helminthiasis on tobacco plantation workers' children.* Paediatrica Indonesiana (Jakarta), 19(3/4), Mar-Apr 197^ 84-90. Engl.

Assessment of nutritional status and fecal examination for intestinal helminths were conducted on 317 children aged 1-5 years from families of tobacco plantation workers in Indonesia. Nutritional status was measured by using the three-coloured cord and fecal examination was done by the direct smear method. Results showed that 15.4% of the children suffered from severe malnutrition, 44.80% from possible mild malnutrition, and 40.06% were normal. Fecal examination revealed that 64.90% had ascariasis, 20.20% had trichuriasis, and 4.3% had hookworm. Statistical data are included. (Modified journal abstract)

7607 **Mackay, D.M., Ahmed, T., Ali, T., Ali, S.** *Pyrental in the mass eradication of roundworm and hookworm.* Health and Hygiene (San Francisco, Cal.), 2(3), Jan-Mar 1979, 123-125. Engl.

In this Bangladesh study, the drug pyrenthal was administered to 2 000 children and tea estate workers with hookworm or ascariasis to evaluate its activity, toxicity, acceptability, and cost. The results are discussed and presented as statistical data. The drug was found to be effective in 96% of ascariasis and 80% of hookworm cases, non-toxic, well-tolerated, and inexpensive (an esti-

mated US$1.00 *per capita* for annual treatment). (DP-E)

7608 **Malhotra, Y.K., Garg, M., Kanwar, A.J.** *School survey of tinea capitis in Benghazi, Libya.* Journal of Tropical Medicine and Hygiene (London), 82(3), Mar 1979, 59-61. Engl.

During a school survey of tinea capitis (scalp ringworm) conducted in Benghazi, Libya, 11 728 children aged 5-15 years were examined. The relatively low incidence of 4.4% is thought to be due to Libya's improved medical facilities and health education programmes as well as to the higher socioeconomic status and rapid urbanization of the population. The majority of the cases occurred in children aged less than 10 years and males were affected more frequently than females. Clinical features are described and the highly communicable nature of the disease is noted. All cases were treated with 25 mg:kg of body weight of griseofulvin FP. (FM)

7609 **Marshall, L.B., Marshall, M.** *Infant feeding and infant illness in a Micronesian village.* Social Science and Medicine (Aberdeenshire, UK), 14B(1), Feb 1980, 33-38. Engl. 18 refs.

All children born during a 2-year period in the Peniyesens village of Truk, Micronesia, were studied in order to determine current feeding practices and their influence on infant morbidity. Although the sample size (49 infants) was too small for tests of statistical significance, it was apparent that a much higher proportion of infants were seriously ill when exclusively bottle-fed than when exclusively breast-fed. This paper presents and discusses the study findings and describes some of the conditions surrounding bottle-feeding that make it unhealthy in such an environment. (HC-L)

7610 **Massoud, J., Arfaa, F., Jalali, H., Keyvan, S.** *Prevalence of intestinal helminths in Khuzestan, southwest Iran, 1977.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(3), May 1980, 389-392. Engl.

A total of 16 361 stool samples from the inhabitants of 105 villages and 14 small towns were examined by the formalin-ether concentration method to determine the prevalence of various intestinal helminths in urban and rural areas of Khuzastan province, Iran. *Ascaris*, hookworm, *Trichostrogylus*, *Trichuris*, and *Hymenolepsis nana* showed the highest prevalence, with rural and urban variations. Statistical data are included. (Modified journal abstract)

7611 **Mata, L.** *Malnutrition-infection complex and its environment factors.* Proceedings of the Nutrition Society (London), 38(1), May 1979, 29-40. Engl. 41 refs.

Three-hundred-and-twentieth Scientific Meeting of the Nutrition Society, London, UK, 7-8 Sep 1978.

For complete document see entries 7172, 7173, 7192, 7207, 7221, 7240, 7248, and 7567.

A study of infection and malnutrition among children aged 1-3 years was conducted in a Guatemalan village where food availability was not a limiting factor. The study revealed that reduced energy consumption and growth arrest frequently accompanied episodes of illness — in other words, that infection was one of the main determinants of malnutrition. The author questions the value of food supplementation under such circumstances and discusses the relative merits of alternative interventions such as sanitary measures, immunization, and mothercraft (health education). (HC-L)

7612 **McCormick, M.C., Shapiro, S., Dadakis Horn, S.** *Relationship between infant mortality rates and medical care and socio-economic variables, Chile 1960-1970.* International Journal of Epidemiology (Oxford, UK), 8(2), Jun 1979, 145-154. Engl. 41 refs.

Eighth International Scientific Meeting of the International Epidemiological Association, San Juan, Puerto Rico, 22 Sep 1977.

Health zone data for Chile from 1960-1970 were used to determine the relationship between infant mortality and socioeconomic variables. Hypotheses tested included decreases in infant mortality corresponding to increases in: facilities, personnel, and utilization of antenatal and obstetrics services; acute medical services for children; immunization coverage; the volume of nutrition supplements; and indicators of higher socioeconomic status. Results supported all hypotheses except those pertaining to immunization and nutritional status. The strongest variable was in the area of antenatal services, with births receiving professional attention accounting for 70%-90% of the variance in infant death rates. Statistical data are included. (FM)

7613 **Mendoza, H.R., García, J.D., Coste, A., Matos, P.** *Situación de salud de la zona suroeste de Santo Domingo, área de influencia del Hospital de Niños de Santo Domingo "Dr. Robert Reid Cabral". (Health situation in the southwestern part of San Domingo served by the "Dr. Robert Reid Cabral" Children's Hospital).* Archivos Dominicanos de Pediatría (Santo Domingo), 14(3), Sep-Dec 1978, 199-206. Span.

A house-to-house baseline survey was conducted in 24 *barrios* served by the Dr. Robert Reid Cabral children's hospital, Santo Domingo, Dominican Republic. The survey made use of a questionnaire soliciting data on socioeconomic level, education, housing, sanitation, immunization, and morbidity and mortality (especially in children aged less than 15 years) and was intended to identify high-risk areas for health interventions. This paper presents and discusses the survey findings. (HC-L)

7614 **Miura, E.** *Leite materno, desnutrição e infecçã o. (Breast milk, malnutrition, and infection).* Jornal de Pediatria (Rio de Janeiro, Brasil), 47(2), Aug 1979, 30-35. Portuguese. 34 refs.

Analysis of 5 100 cases of acute dehydration in infants from 17 municipalities of the state of Rio Grande south, Brazil, revealed that 50% of the infants had never been breast-fed, 50% had been weaned at age 1 month or less,

and only 5.4% had been breast-fed for 3 months or more. Of the 2 777 malnourished infants, 51.6% had never been breast-fed, 31.4% had been weaned at age 1 month or less, and 4.1% had been breast-fed for 3 months or more. The mortality (from acute dehydration) for infants who had never been breast-fed was 5 times that for infants who had been breast-fed 3 months or more. Statistical data are included. (HC-L)

7615 **Mooney, M.P.** *Venereal disease; social characteristics of venereal disease patients in Bulawayo.* Central African Journal of Medicine (Salisbury), 24(8), Aug 1978, 161-163. Engl.

Interviews with 46 consecutive patients undergoing treatment at a venereal disease clinic in Bulawago, Rhodesia, revealed that only three had attended secondary school, that only 11 had received any education regarding venereal disease, and that the majority did not know what condoms were, where they could be obtained, or how to use them. It is suggested that, although the sample investigated may not be representative of the population with venereal disease as a whole, it does give some indication of the complexity of the problem and appropriate areas for sex education. (HC-L)

7616 **Murillo, F., Barton, S.A., Palomino, H., Lenart, V., Schull, W.J.** *Aymara of western Bolivia: health and disease.* Bulletin of the Pan American Health Organization (Washington, D.C.), 14(1), 1980, 52-64. Engl. 15 refs.
Also published in Spanish in *Boletin de la Oficina Sanitaria Panamericana*, 1980.

This article presents the results of one part of the Multinational Andean Genetic and Health Program, which involved the examination of 429 people living in two highland communities of western Bolivia. Most of the disorders reported reflected the rigors of life on the *altiplano*. Respiratory diseases were common and middle ear infections and their sequelae were often seen; diseases of the skin reflected the diminished moisture and increased cold; and ophthalmic problems attested to the ravages of dust, persistent wind, and neglect. A clear correlation was found between blood pressure and weight. Mean blood pressures were lower than commonly reported elsewhere and the villagers were both smaller and lighter. Obesity and clinical malnutrition were rare. Statistical data are included. (Modified journal abstract)

7617 **Nandi, D.N., Banerjee, G., Ganguli, H., Ajmany, S., Boral, G.C.** *Natural history of mental disorders in a rural community — a longitudinal field-study.* Indian Journal of Psychiatry (Poona, India), 20(4), 1978, 390-396. Engl. Refs.
Twenty-ninth Annual Conference of the Indian Psychiatry Society, Calcutta, India, Jan 1977.

A 1-year study of the prevalence of mental disorders in the inhabitants of two Indian villages revealed an incidence of 16:1 000. Over 15% of the cases apparently recovered spontaneously and the recovery rate was 21.5% for depression, 23% for anxiety, and 14.3% for hysteria. The clinical and social significance of the natural history of mental disorders is discussed. Statistical data are included. (DP-E)

7618 **Narain, R., Krishnaswamy, K.V., Vallishayee, R.S., Narmade, R., Rahim, M.A.** *Assessment of BCG vaccination in newborn babies.* Indian Journal of Medical Research (New Delhi), 68(9), Sep 1978, 403-512. Engl. 14 refs.

In order to evaluate the neonatal BCG vaccination programme of a Madras (India) hospital, the subsequent sensitivity to tuberculosis PPD of 1 173 babies who received full or half doses was compared to that of control infants who had received a placebo injection. The results are discussed and presented as statistical data. It is recommended that full doses of BCG vaccine continue to be administered to infants in large city hospitals, because these serve mainly underpriveleged slum dwellers in whom the incidence of infection is high and who otherwise would receive no protection at all. (DP-E)

7619 **Neumann, S.Z.** *Childhood diarrhoea and its treatment with indomethacin in Libya.* Tropical Doctor (London), 10(1), Jan 1980, 24-28. Engl. Refs.

The author reviews the results of a study of the effectiveness of indomethacin in treating childhood diarrhea. A total of 85 children treated for diarrhea in a hospital in Tripoli, Libya, in 1973 were given conventional methods of rehydration. From January 1974-January 1977, indomethacin was added, in syrup form, to the treatment of 270 cases. Without indomethacin, the average duration of diarrhea after treatment was 4 days. With indomethacin, some improvement was evident within a few hours and the illness generally lasted less than 2 days after treatment was begun. Only 3 doses were required for average cases, making indomethacin a relatively inexpensive treatment method. (FM)

7620 **Neyzi, O., Binyildiz, P., Alp, H.** *Growth standards for Turkish children: heights and weights.* Courrier (Paris), 29(6), 1979, 553-558. Engl. 22 refs.

In an attempt to establish standard reference norms for physical growth in Turkish children from birth to age 18 years, growth curves were constructed by three different methods using height and weight measurements of Istanbul city children of high socioeconomic class. This paper compares the results of the three methods of analysis and presents the curves obtained. (HC-L)

7621 **Ntihinyurwa, M., Omanga, U., Dechef, G., Shako, D.** *Epidémiologie des convulsions infantiles à Kinshasa, Zaire. (Epidemiology of infantile convulsions in Kinshasa, Zaire).* Annales de la Société Belge de Médecine Tropicale (Brussels), 59(3), 1979, 309-323. Fren. Refs.

The authors provide details on 248 cases of convulsions in children, observed from January 1975-October 1976 at the Neuropsychopathology Centre of Kinshasa, Zaire, and representing 23% of all admissions. Aetiology is dominated by infectious and parasitic diseases (33%), followed by epilepsy (28%) and perinatal pathology

(26%). Hyperpyretic convulsions are involved in 6% of children and febrile convulsions are family-related in 25%. As much as 80% of the cases involve preventable diseases and the authors stress the importance of proper mother and child care, as well as of a rigid immunization programme. Statistical data are included. (Modified journal abstract)

7622 **Obi, J.O.** *Measles in hospital practice in Nigeria.* Journal of Tropical Pediatrics and Environmental Child Health (London), 25(1), Feb 1979, 30-33. Engl. 11 refs.

Of 250 children, most aged less than 2 years, with measles admitted to the Children's Hospital in Benin City, Nigeria, from June 1972-May 1973, 36 (14.4%) died, 27 from bronchopneumonia, 5 from gastroenteritis, 2 from laryngotracheobronchitis, and 2 from otitis media and pyogenic meningitis. Other serious but non-fatal complications included mediastinal emphysema, febrile convulsions, encephalitis, blindness of unstated aetiology, cancrum oris, and otitis media without meningitis. Early vaccination against measles at 8 months of age with a booster at 15 months is recommended for Nigerian children. Statistical data are included. (Modified journal abstract)

7623 **Ogbalu, A.I.** *Problem of non-participation of the local population in malaria control programmes in Nigeria.* Journal of the Institute of Health Education (Sheffield, UK), 18(1), 1980, 7-9. Engl.

A questionnaire administered to a stratified sample of the population of two Nigerian towns revealed that non-participation in malaria programmes was due to lack of knowledge, lack of technical facilities, and lack of appropriate social expectations concerning such preventive programmes. The importance of health education in malaria control is stressed. (HC-L)

7624 **Ogunmekan, D.A., Bracken, P., Marshall, W.C.** *Assessment of the effectiveness of the measles immunization programme in Lagos, Nigeria.* Annals of Tropical Medicine and Parasitology (Liverpool, UK), 75(1), 1981, 87-92. Engl. Refs.

Two hundred and twenty-four children aged 6-12 months were tested for measles haemagglutinating antibodies before and after immunization; 91 children seroconverted and 80 did not. Thirty-three had antibodies before immunization with no history of measles. Tables show age and sex distribution and mean weight of seroconverts and non-seroconverters. The results are compared to several earlier surveys and possible reasons are given for vaccine failures in the present survey. The authors stress the need for further research into the optimum age for prophylaxis with measles vaccine and into the conditions that influence the efficiency of the vaccine in different communities. It is suggested that the development of a heat stable measles vaccine similar to the Glaxo heat-stable BCG vaccine receive more study. (EB)

7625 **Okeahialam, T.C.** *Childhood tuberculosis in Enugu.* Nigerian Journal of Paediatrics (Ibadan), 7(1), 1980, 1-6. Engl. Refs.

In a study of 347 children with tuberculosis seen at the University of Nigeria Teaching Hospital, Enugu, 71.7% were found to have severe pulmonary lesions, particularly in the younger age group. Primary lung complex occurred in only 47 children (15%). Extra-pulmonary lesions diagnosed included lymphadenitis, meningitis, chronic otitis media, and Pott's disease. No case of abdominal tuberculosis was found. Lack of immunization, late diagnosis and treatment, and poor socioeconomic status of the families concerned appeared to be important factors responsible for these severe forms of childhood tuberculosis. By the end of the 1st year of follow-up, there was a default rate of 40% among patients on domiciliary treatment. (Modified journal abstract)

7626 **Olsson, B.** *Dental caries and fluorosis in Arussi province, Ethiopia.* Community Dentistry and Oral Epidemiology (Copenhagen), 6(6), 1978, 338-343. Engl. 43 refs.

This paper presents and discusses the results of a dental health survey carried out in four areas of Arussi province, Ethiopia. Seventeen hundred persons in five age groups between the ages of 6-54 years were examined for evidence of dental fluorosis and caries and questioned regarding their consumption of sugar. Dental fluorosis, in mild form, was observed in 18% of those surveyed while 51% of the sample exhibited one or more decayed permanent teeth. The caries rate, while low by WHO's classification, is higher than that recorded in an earlier study (1958), probably due to increased sugar consumption by the population. Statistical data are included. (HC-L)

7627 **Otegbile, A., Oyemade, A.** *Health status of Nigerian farmers.* Nigerian Journal of Medical Sciences (Yaba, Nigeria), 1(2), 1979, 109-114. Engl. 16 refs.

The clinical findings of investigations on blood, urine, and stool samples obtained from 150 Nigerian farmers are reported. Hookworm and ascaris were the most common parasitic infections seen in this group, probably due to poor environmental sanitation and low standards of personal hygiene. There was a high incidence of gingivitis and onchodermatitis while chronic chest diseases were rare and hypertension uncommon. Statistical data are included. (Modified journal abstract)

7628 **Olusi, S.O., Ademowore, A.S., Bola Ajasi, G.** *Biochemical assessment of the nutritional state of gravida of different socio-economic classes at the Wesley Guild Hospital, Ilesha, Nigeria.* Journal of Tropical Medicine and Hygiene (London), 82(1), Jan 1979, 8-13. Engl. Refs.

In a 1979 Nigerian study that attempted to find an objective method of assessing the nutritional status of pregnant women, blood samples from 200 pregnant women who had received no prenatal care and from 200 non-pregnant women were analyzed. Non-pregnant women from the low socioeconomic classes were found

to have significantly lower haemoglobin, plasma transferrin, and retinol-binding protein concentrations than those from the upper classes. Pregnancy in these women resulted in a further lowering of these constituents and their children had lower birth weights and plasma transferrin concentrations. The findings suggest that maternal serum transferrin concentration is a sensitive index of nutritional status in pregnancy. Statistical data are included and an appendix gives a scoring system for socioeconomic classification. (DP-E)

7629 **Oluwande, P.A., Sridhar, M.K., Okubadejo, O.** *Health hazards of open drains in developing countries.* Progress in Water Technology (Oxford, UK), 11(1/2), 1978, 121-130. Engl. 18 refs.

Physical, chemical, and biological analyses of samples of waste water taken from open drains in four different types of residential neighbourhoods in Ibadan, Nigeria, show characteristics varying between those of fresh and septic domestic sewage. Many types of pathogenic organisms, which normally cause morbidity and mortality in Ibadan, were identified in the infective forms in the samples. Even though the people dislike the open drains, all those who live in the areas, especially the children, have either occasional or regular contact with the drains' contents, making them foci of infection. Statistical data are included. (Modified journal abstract)

7630 **Omar, M.S., Franz, M., Büttner, D.W.** *Some observations on onchocerciasis including sowda in the Yemen Arab Republic.* Tropenmedizin und Parasitologie (Stuttgart, Germany FR), 30(1), Mar 1979, 113-119. Engl. Refs.

In a 1977 study carried out in southwestern Yemen, 35 (57%) of 61 persons examined for onchocerciasis had microfilariae in skin snips at an average density of 6 microfilariae per snip; 13 (21%) showed sowda, of whom only 8 had positive skin snips. Both the microfilariae and adult *Onchocerca volvulus* worms were compared with specimens from Liberia and found to be identical in morphology on scanning electron microscopy, size, and acid-phosphatase activity. Only larval forms of *Simulium* were found, one *S. damnosum* and the rest other *Simulium* species. (Modified journal abstract)

7631 **Omer, E.E., Hag Ali, M., Erwa, H.H.** *Study of sexually transmitted diseases in Sudanese women.* Tropical Doctor (London), 10(3), Jul 1980, 99-102. Engl. 10 refs.

From November 1976-January 1978, 152 Sudanese women were investigated for venereal disease at the Saggana Health Centre, Khartoum. The findings are discussed and presented as statistical data. Higher incidences of certain diseases appear to be linked to the use of contraceptives. (DP-E)

7632 **Orley, J., Wing, J.K.** *Psychiatric disorders in two African villages.* Archives of General Psychiatry (Chicago, Ill.), 36(5), May 1979, 513-520. Engl. 19 refs

In a 1972 survey of adults in two Ugandan villages who were interviewed using a standard psychiatric examination and standard methods of case identification and diagnosis, 20% were found to have disorders just above the threshold level and 5% had more definite disorders. Most of these conditions were depressive, but hypomanic and anxiety states were also represented. Statistical data are included. (DP-E)

7633 **Owen, G.M., Garry, P.J., Seymours, R.D., Harrison, G.G., Acosta, P.B.** *Nutrition studies with White Mountain Apache preschool children in 1976 and 1969.* American Journal of Clinical Nutrition (Bethesda, Md.), 34(2), Feb 1981, 266-277. Engl. 19 refs.

A 1969 nutrition study of 164 preschool children at Arizona's White Mountain Apache Reservation (USA) evaluated their dietary, clinical, and biochemical status. In 1976, a similar study conducted with a new sample of 121 preschool children showed that the proportion of children with low calorie and micronutrient intakes and with abnormal biochemical values was about half that of 1969. Anthropometric measures were the same, while skinfold thickness was slightly greater in the 2nd study. The changes in the nutritional status of the latter group reflected the generally improved environmental, economic, and medical conditions at the reservation. An appendix includes 16 percentage distribution tables. (EB)

7634 **Pal, S.C.** *Oral rehydration, drugs and diet in the treatment of weanling diarrhoea.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 16(4), Apr 1979, 120-126. Engl. 26 refs.

The results of a number of Indian, Costa Rican, Philippine, Turkish, and Laotian studies that demonstrate the superiority of oral rehydration therapy over traditional intravenous rehydration treatment for diarrhea are examined. In general, it has been found that 95% of patients hospitalized for cholera or gastroenteritis can be successfully treated with repeated small doses of oral fluid alone. Further research studies are being conducted to determine how best to ensure the distribution of the solution and train health personnel and even village mothers in its use. The use of drugs and diet in diarrhea treatment is also briefly discussed. (DP-E)

7635 **Palti, H., Adler, B., Shamir, Z., Kark, S.L.** *Community diagnosis of physical growth of infants based on monitoring in a routine preventive service.* Journal of Epidemiology and Community Health (London), 33(4), Dec 1979, 292-296. Engl. Refs.

The physical growth patterns of infants aged 1-24 months were studied in a lower-middle-class community in Jerusalem (Israel). The results are discussed and presented as statistical data. At ages 1 month and 24 months, the number of children below the 10th percentile for height and weight was greater than expected, although severely impaired linear growth was rare. The author also examines the feasibility of accurate monitoring of physical growth in maternal child health clinics, the possibility of an association between maternal stature and the high percentage of children below the 10th

percentile for length, and the association between food intake and growth patterns. (Modified journal abstract)

7636 **Parvizpour, D.** *Human anthrax in Iran; an epidemiological study of 468 cases.* International Journal of Zoonoses (Taipei), 5(2), 1978, 69-74. Engl. 8 refs.

This 13-year study of 468 cases of cutaneous anthrax in Iran shows that 59% of cases were male and 40% female; 42% were aged less than 30 years, 27% were industrial workers, 20% contracted the disease through contact with sick animals, and 74% had a history of contacts with animal products. All patients were treated with penicillin or other antibiotics and 78 cases with massive edema were additionally treated with cortisone. Statistical data are included. (Modified journal abstract)

7637 **Patterson, M.C.** *Medical survey of a South American Indian tribe in the Paraguayan Chaco.* Tropical Doctor (London), 10(3), Jul 1980, 124-128. Engl.

A survey of 135 individuals from two isolated Paraguayan villages revealed high incidences of tuberculosis, intestinal parasites, blood diseases, venereal diseases, trypanosomiasis, malnutrition, and child mortality. These findings serve as pointers to some of the serious, tribe-extinguishing, endemic problems common to South American Indians. Statistical data are included. (DP-E)

7638 **Pearson, J.M., Haile, G.S., Barnetson, R.S., Rees, R.J.** *Dapsone-resistant leprosy in Ethiopia.* Leprosy Review (London), 50(3), 1979, 183-199. Engl.

From 1973-1977, 254 (3%) of 1 500 registered patients with lepromatous leprosy in Addis Ababa, Ethiopia, were found to be resistant to dapsone. The results of tests on patients from other parts of the country are also discussed and presented as statistical data. The authors suggest that dapsone-resistant leprosy has become so widespread in Ethiopia that it threatens the practical possibility of leprosy control by chemotherapy alone. (DP-E)

7639 **Picouet, M.R.** *Mortalité infantile au Venezuela. (Infant mortality in Venezuela).* Population (Paris), 33, 1978, 738-746. Fren.

Infant mortality in Venezuela dropped rapidly from 1936-1960, then levelled off, with some oscillations, to an average of 47-50:1 000 from 1965-1975. This level now remains practically stable, while juvenile and adult mortality continues to regress. The tropical location of Venezuela is probably one contributing factor. However, infant mortality in this country is relatively low in comparison with other Latin American countries. Statistical data are included. (Modified journal abstract)

7640 **Pieron, R., Lesobre, B., Mafart, Y., Lancastre, F., Hercend, T.** *Contrôle un an après traitement par le niridazole de 109 malades de schistosomoses. (Schistosomiasis control in 109 patients one year after treatment with niridazole).* Médecine et Maladies Infectieuses (Paris), 10(6), 1980, 301-305. Engl. 34 refs.

One year after completing treatment for schistosomiasis with niridazole, 109 patients were examined for live eggs in the excreta or rectal mucous. The possibility of reinfection was ruled out as all patients were treated and continued to reside in a non-endemic country, France. Live eggs were found in the rectal mucous of 68% of those infected with *S. haematobium* and of 7 out of the 10 infected with *S. mansoni*. Details of the study methodology and results are presented and discussed. The indirect immunofluorescence reaction, also assessed, was found to be disappointing for the purpose of evaluating the cure. (HC-L)

7641 **Pigott, J., Kalasa, K.** *Prevalence of malnutrition and dietary habits of preschoolers in a rural Guatemalan village.* Ecology of Food and Nutrition (London), 8(2), 1979, 71-78. Engl. 19 refs.

In a rural Guatemalan village, anthropometric measurements of 62 children aged 1-6 years were taken and their mothers were questioned regarding family characteristics and dietary habits. Analysis of the data revealed that age at which 1st supplementary food was given, family size, intergestational period before subject's birth, and weaning age statistically helped predict a child's nutritional status but that neither weaning age nor age of supplementary food introduction could statistically explain nutritional status. Further research into the effect of diet and morbidity on nutritional status is recommended. (HC-L)

7642 **Pope, R.T., Cline, B.L., el Alamy, M.A.** *Evaluation of schistosomal morbidity in subjects with high intensity infections in Qalyub, Egypt.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(3), May 1980, 416-425. Engl. 18 refs.

This study of 77 male Egyptians, mostly farmers, to assess the morbidity caused by high-density schistosomiasis infections revealed that, in those infected with *Schistosoma mansoni*, the degree of morbidity was not striking, while in those with *S. haematobium* infections morbidity was much higher. Selection procedures, the tests used, and the physical findings are described. Statistical data are included. (Modified journal abstract)

7643 **Power, D.J., Willoughby, W., Waal, R.H. de** *Breast feeding in Cape Town.* South African Medical Journal (Cape Town), 56(18), 27 Oct 1979, 718-721. Engl. 17 refs.

A survey of the infant feeding practices of the mothers of 126 infants aged 3-5 months in Cape Town (South Africa) revealed that, while at age 1 month only 19% of these infants were bottle-fed, by the age of 3-4 months 60% were entirely bottle-fed and only 14% breast-fed. The factors found to be significantly associated with the cessation of breast-feeding were young maternal age and maternal employment. A downward trend in the prevalence of breast-feeding continues despite the efforts of

local health services. Recommendations to promote breast-feeding are made. (Modified journal abstract)

7644 **Prescott, N.M.** *Schistosomiasis and development.* World Development (Oxford, UK), 7(1), 1979, 1-14. Engl. 44 refs.

Tropical health workers have long held that schistosomiasis control would significantly contribute to economic development by reducing losses in labour supply and productivity due to this disease. This paper reviews and criticizes theoretical attempts to value the incremental output benefits of schistosomiasis control at the macro-level and efforts to assess the empirical validity at the micro-level of the hypothesis that underlies these estimates. (HC-L)

7645 **Rahman, M.S., Fothergill, R.J.** *Rupture of the pregnant uterus in eastern Libya.* Royal Society of Medicine Journal (London), 72(6), Jun 1979, 415-420. Engl. Refs.

The authors review 146 cases of uterine rupture treated in the General Hospital, Benghazi, Libya, from 1967-1977 (an incidence of 1:671). They review literature on uterine rupture in various parts of the world and the sociopolitical factors in Libya associated with that country's high incidence. A total of 18% of Libyan mothers are grand multiparae and 95% are admitted into labour having had no antenatal care. Average full-term birth weight in the hospital is unusually high, 4.1 kg, and gross obesity is common. Causes, clinical features, management, and results are described. Statistical data are included. (Modified journal abstract)

7646 **Rehan, N.E., Tafida, D.S.** *Birth weight of Hausa infants in northern Nigeria.* British Journal of Obstetrics and Gynaecology (London), 86, Jun 1979, 443-449. Engl. Refs.

The birth weights of 1 460 Hausa infants born from 1 January 1975-31 December 1976 were recorded and analyzed. Average weight was 3.03 kg, being higher in males (3.08 kg) than in females (2.97 kg) — a statistically significant difference. The mean birth weight of first-born children was significantly lower than the subsequent born and increasing birth order was associated with higher birth weight irrespective of maternal age, indicating that birth weight was influenced more by parity than by maternal age. Incidence of low birth weight was 15.8%, being lower in males (13.6%) than in females (18.1%). Comparisons were made with studies from other parts of Nigeria and from other countries. (Modified journal abstract)

7647 **Reinhardt, M.C., Lauber, E.** *Etudes sur l'allaitement au sein dans une région rurale de Côte d'Ivoire. (Studies of breast-feeding in a rural region of the Ivory Coast).* Médecine d'Afrique Noire (Paris), 27(3), Mar 1980, 273-282. Fren. 58 refs.

Dix-neuvième Conférence Technique de l'Organisation de Coordination et de Coopération pour la Lutte contre les Grandes Endémies, Bobo-Dioulasso, Côte d'Ivoire, Jun 1979.

Over a 23-month period, the quantity and composition of the milk of 33 mothers in rural Ivory Coast were studied. Also, the effect of lactation on the mothers' nutritional status was monitored and the growth and supplementary food intake of their infants were observed. This paper presents data on the quantity and quality of the breast milk and variations in the same over the study period. It is noted that breast milk alone produced satisfactory growth curves in infants aged up to 4-6 months and that prolonged lactation had no effect on the mother's weight-for-height. (HC-L)

7648 **Reinhardt, M.C., Ambroise-Thomas, P., Cavalle-Serra, R., Meylan, C., Gautier, R.** *Malaria at delivery in Abidjan.* Helvetica Paediatrica Acta (Basel, Switzerland), 33, 1978, Suppl. 41, 65-84. Engl. 32 refs.

This study of 198 consecutive single deliveries in Abidjan (Ivory Coast) analyzes the effect on the infant of malaria during pregnancy and the correlation between the presence of malaria and maternal parity. It was found that malarial parasites were commonly present in the cord blood of newborn infants in this holoendemic area, malaria is partly responsible for the low birth weights observed for pre-term and small-for-dates babies, malaria is correlated with the nutritional status of the mother and plays an important role in maternal anaemia during pregnancy, and young primiparae are at particular risk. Statistical data are included. (DP-E)

7649 **Reinhardt, M.C., Gautier, E., Gautier, R., Kakou, D., Ouattara, M.** *Year of deliveries at the Adjamé Maternity Hospital in Abidjan (Ivory Coast).* Helvetica Paediatrica Acta (Basel, Switzerland), 33, 1978, Suppl. 41, 7-20. Engl. 23 refs.

A total of 7 433 deliveries at or on the way to the Adjamé Maternity Hospital in Abidjan (Ivory Coast) from 1 December 1974-30 November 1975 are analyzed in detail. Statistical data are presented on birth weight, height, abortions and stillbirths, infant mortality, and multiple pregnancies. High correlations between low parity and low birth weight and low parity and high incidence of abortion and stillbirth were observed. It is suggested that public health measures should concentrate on prenatal care of primiparae. (DP-E)

7650 **Rhaly, A.A., Bisset, J.P., Tegola, F., Sauvan, R., Roux, F.** *Goitre endémique au Mali; enquête biologique. (Endemic goitre in Mali; a biological survey).* Médecine d'Afrique Noire (Paris), 27(6), Jun 1980, 531-535. Fren. 13 refs.

An epidemiological survey carried out on 691 people in 2 villages in Mali showed a very high prevalence of goitre, particularly in the village of Nogueta, where 83% of the women and 64% of the men suffered from the disease. Results were compared with a control group in Marseille and revealed a significant tendency to hypothyroidism among the population of Nogueta. It is suggested that this is caused by an iodine deficiency in this area. Statistical data are included. (FM)

7651 **Ricard, D. de** *Salmonelloses chez l'enfant en Côte d'Ivoire à propos de 69 observations. (Salmonellosis in children in Ivory Coast; a study of 69 cases).* Médecine Tropicale (Marseilles, France), 39(4), Jul-Aug 1979, 395-402. Fren. 8 refs.

The author presents the results of a study of 69 cases of salmonellosis in children in the Ivory Coast in 1975. During that year, salmonellosis accounted for 1.75% of all admittances to the pediatric department of Treichville University Hospital. The epidemiological, clinical, and biological study of typhoid fevers and paratyphoids as well as of minor salmonellosis showed that the conventional distinction between the two groups is not always obvious in children. Interpretation of Widal sero-diagnosis is often difficult and awkward. Treatment with chloramphenicol generally has satisfactory results. Salmonellosis is still a problem for the public health service and, while immunization is the only effective prophylaxis, it is still not carried out in the Ivory Coast. (Modified journal abstract)

7652 **Ricco, R.G., Rocha Carvalheiro, J. da, Romano Santoro, J., Freitas, J.C. de, Espin Neto, J.** *Etude sur le sevrage dans une ville brésilienne. (Study of weaning in a Brazilian town).* Courrier (Paris), 29(3), 1979, 221-226. Fren. 23 refs.

In order to discover why and at what age children are weaned, the authors surveyed a number of families in the city of Ribeirão Preto, Brazil. A sampling of 7 159 homes led to a study comprising 816 children aged less than 2 years. Based on information about whether the child had been weaned at the moment of the interview, it was revealed that children are quite precociously weaned in that particular city, many of them before leaving the maternity hospital. The authors study a number of variables related to weaning and its causes, suggesting that social, cultural, and economic factors are the predominant causes of precocious weaning. They also recommend general measures to encourage the practice of breast-feeding. Some statistical data are included. (Modified journal abstract)

7653 **Rondant, M., Tiendrebeogo, H., Schmidt, D., Delormas, P.** *Primo-infection tuberculeuse; quelques aspects cliniques en milieu tropical africain. (Tuberculosis primary infection; some clinical aspects in tropical Africa).* Médecine Tropicale (Marseilles, France), 39(2), Mar-Apr 1979, 131-140. Fren. 19 refs.

The authors review 140 cases of tuberculosis patent primary infections in children from the hospital of Abidjan University, Ivory Coast, and from an anti-tuberculosis unit. Results showed that the disease begins slowly, the general condition is rapidly altered, and ventilation troubles are frequent, as are complications such as meningitis and miliary dissemination. In 11.4% of the cases, measles occurred before the primary infection. In 38% of the cases, the source of contamination could be identified, and in 1 out of 2 cases, the mother proved to be responsible. (Modified journal abstract)

7654 **Satyanarayana, K., Narasinga Rao, B.S., Srikantia, S.G.** *Nutrition and work output.* Indian Journal of Nutrition and Dietetics (Coimbatore, India), 16(5), May 1979, 170-174. Engl. 8 refs.

The results of three studies carried out at the National Institute of Nutrition (Hyderabad, India) to determine the relationship between nutritional status and work output and capacity in the context of long-term chronic undernutrition are briefly discussed. It was found that the most important factors affecting work capacity were body weight, which accounted for 64% of variation among individuals, and the habitual physical activity status, which, if high, tended to increase work capacity. Statistical data are included. (DP-E)

7655 **Schaefer, O., Timmermans, J.F., Eaton, R.D., Matthews, A.R.** *General and nutritional health in two Eskimo populations at different stages of acculturation.* Canadian Journal of Public Health (Ottawa), 71(6), Nov-Dec 1980, 397-405. Engl. 21 refs.

A study of infant and adult nutrition and health was conducted in Arctic Bay, a small eastern Canadian Arctic settlement still heavily dependent upon traditional food sources, and in Inuvik, an urbanized centre in the western Arctic with little access to traditional food or life-styles. This paper describes the study materials and methods and compares and contrasts the results. Of particular interest was the fact that significantly higher persistent ear and lung pathology occurred in bottle- versus breast-fed infants in both groups. Statistical data are included. (HC-L)

7656 **Schamschula, R.G., Adkins, B.L., Barmes, D.E., Charlton, G., Davey, B.G.** *WHO study of dental caries etiology in Papua New Guinea.* Geneva, WHO, WHO Offset Publication No. 40, 1978. 199p. Engl. Refs.

After a brief description of the study background and methods, this WHO report concentrates on the findings and implications of a study of the characteristics and caries experience of 301 residents aged 12-24 years of 16 villages in Papua New Guinea. Separate chapters cover the findings related to plaque, saliva, enamel, and soil. An annex considers the topic of genetic variations. Copious statistical data are included. (RMB)

7657 **Scholl, T.O., Johnston, F.E., Cravioto, J., DeLicardie, E.R., Lurie, D.S.** *Relationship of growth failure (chronic undernutrition) to the prevalence of clinically severe protein-energy malnutrition and to growth retardation in protein-energy malnutrition.* American Journal of Clinical Nutrition (Bethesda, Md.), 32(4), Apr 1979, 872-878. Engl. 26 refs.

This survey of 726 rural Mexican children supports the theory that chronic undernutrition and clinically severe protein-energy malnutrition (PEM) are interrelated. Of the 72 children with chronic undernutrition, 14 developed PEM as compared to 5 in the rest of the sample, an 8-fold increase in prevalence. Details of the children's

nutritional status are discussed and presented as statistical data. (DP-E)

7658 **Scrimgeour, E.M.** *Non-traumatic paraplegia in northern Tanzania.* British Medical Journal (London), 283(6297), 10 Oct 1981, 975-978. Engl. 18 refs.

A retrospective study of all 100 cases of non-traumatic (medical) paraplegia admitted to a hospital in northern Tanzania over an 8-year period was undertaken; 15 of the patients were examined. Patients' ages ranged from 2-80 years (mean 31), 67 were male, 71 lived within 85 km (53 miles) of the hospital, and the average period from onset of symptoms to hospital admission was 10 weeks. Tuberculosis was the most frequent cause of paraplegia (54%), followed by neoplasia (13%) and schistosomiasis (6%). In 12 cases, no diagnosis could be established. The average period spent in hospital was 11 weeks; 35 patients made a good recovery and were ambulant at discharge. (Modified journal abstract)

7659 **Sebai, Z.A., Baker, T.D.** *Endemic syphilis (Bejel) in a Bedouin community in Saudi Arabia.* Ain Shams Medical Journal (Cairo), 30(1/2), Jan-Mar 1979, 13-17. Engl. 8 refs.

The results of a survey for endemic syphilis in 107 individuals in Turaba Valley (Saudi Arabia) revealed that the fluorescent treponemal antibody test was positive in over 20% of Bedouins (including children). On the basis of their epidemiological and serological findings, the authors conclude that endemic, rather than venereal, syphilis is prevalent in Saudi Arabia and call for control measures. Statistical data are included. (Modified journal abstract)

7660 **Second East African/British Medical Research Council Kenya Tuberculosis Survey Follow-up (1979).** *Tuberculosis in Kenya: follow-up of the second (1974) national sampling survey and a comparison with the follow-up data from the first (1964) national sampling survey.* Tubercule (Edinburgh), 60, 1979, 125-149. Engl. Refs.

A total of 1 490 newly diagnosed patients admitted to a national sampling survey of tuberculosis conducted in 11 of 30 districts in Kenya in 1974 have been followed-up after a year under the routine tuberculosis treatment services. The results are reported and compared with those observed in the follow-up of a similar survey in the same districts 10 years previously. The therapeutic results achieved in 1974 compare favourably with those observed in the 1964 survey. The policies of therapy were much more standardized and the transfer of patients from one district to another was more often successful in 1974. Copious statistical data are included. (Modified journal abstract)

7661 **Segal, S.J., Winikoff, B.** *Health and population in developing countries.* Social Science and Medicine (Aberdeen, UK), 14C(2), Jun 1980, 61-180. Engl.

Fifth International Population Conference, Bellagio, Italy, 18-21 Apr 1979.

Conference papers included in this collection cover: programmes on reducing fertility rates in developing countries; methods of fertility regulation now in use and new methods being clinically tested; observations derived from field experience on the interrelationship between health and population; primary health services; the impact of immunization programmes; the role of health in development; and the theoretical and practical issues of nutrition, population, and health. The final paper identifies steps required for development of national primary health care systems. Statistical data are included. (AF)

7662 **Sever, P.S., Peart, W.S., Gordon, D., Beighton, P.** *Blood-pressure and its correlates in urban and tribal Africa.* Lancet (London), 2(8195), 12 Jul 1980, 60-64. Engl. 26 refs.

Blood pressure and associated factors were compared in tribal and urban Xhosa people of South Africa. In the urban group, blood pressures were high and rose significantly with age, whereas in the tribal group they were low and rose little with age. Diet and obesity may contribute to the rise in arterial pressure that is a consequence of urbanization. Statistical data are included. (Modified journal abstract)

7663 **Sharma, V., Sharma, R., Purohit, B.K.** *Longitudinal study of morbidity in children up to 5 years in an urban community.* Indian Journal of Medical Research (New Delhi), 69(3), Mar 1979, 457-466. Engl. 12 refs.

A longitudinal study of morbidity patterns in 350 children aged up to 5 years was carried out in 1973 in Jaipur (India). A total of 3 405 visits were made with an average of 9.7 visits per child. The results are discussed and presented as statistical data. The study correlates the episodes of sickness with age, sex, birth order, family size, and socioeconomic status and lists the main disorders affecting the study group. (DP-E)

7664 **Somerin, A.O., Orubiyi, H.I.** *Microbiological study of sexually transmitted diseases among out-patients in a Nigerian hospital.* Central African Journal of Medicine (Salisbury), 27(3), Mar 1981, 42-44. Engl. 9 refs.

In a longitudinal study carried out from 1968-1975, a changing morbidity pattern of urethral venereal diseases among the patients (596 males, 272 females) attending the medico-dermatology unit of University Teaching Hospital, Lagos, Nigeria, was observed. The results are discussed and presented as statistical data. A microbiological urethral study showed these prevalences: gonococci, 18%; candida, 8%; and trichomonas, 5%. The findings indicate that there has been a decline in the incidence of venereal diseases among the study population over the years. However, the authors speculate that recent industrialization in Nigeria could have a strong impact on the situation. (Modified journal abstract)

7665 **Somerin, A.O., Junghist, J.B., Siter, B., Obembe, B.A., Hungnem-Wuss, O.O.** *Fungous diseases in Nigeria: observations on the pattern of tinea infections in Lagos school children.* Niger-

ian Medical Journal (Lagos), 9(1), Jan 1979, 61-64. Engl. Refs.

In a longitudinal study to elucidate the role of epidemiological factors in infective dermatosis, 2 372 children from two geographically different suburban areas of Lagos, Nigeria, were examined. It was found that 16.9% of the population was infected, while an incidence of 3.2% was recorded among 694 hospital outpatients. Corporal configuration of the infection showed that tinea capitis was the most common in younger age groups while tinea pedis was commonly seen in older children. The findings suggested that local environmental factors may play an important role in the transmission of fungal infections in a tropical environment. Statistical data are included. (Modified journal abstract)

7666 **Southgate, B.A.** *Bancroftian filariasis in Egypt.* Tropical Diseases Bulletin (London), 76(12), Dec 1979, 1045-1068. Engl. Refs.

A review of the literature on the epidemiology of Bancroftian filariasis in Egypt reveals a steady decline in the prevalence of the disease from 1910-1965 and an alarming rise in infection rates, sometimes surpassing precontrol indices, from 1965 onward. This paper discusses the factors responsible for these phenomena and indicates some areas of urgently needed research. (HC-L)

7667 **Stephenson, L.S., Latham, M.C., Crompton, D.W., Schulpen, T.W., Jansen, A.A.** *Nutritional status and stool examinations for intestinal parasites in Kenyan preschool children in Machakos district.* East African Medical Journal (Nairobi), 56(1), Jan 1979, 1-9. Engl. 16 refs.

Anthropometric, physical, and stool examinations of 375 Kenyan village children aged 6-72 months revealed that: some 65% had chronic protein-calorie malnutrition (PCM) and 11% acute PCM; 25% had signs of vitamin A deficiency, anaemia, or ariboflavinosis; and 40% had stool parasites, of which the commonest was *Ascaris* (27%). The authors suggest that the reasons for so much malnutrition in a relatively fertile coffee-growing region should be studied. Statistical data are included. (Modified journal abstract)

7668 **Stewart, K.S., Cowan, D.B., Philpott, R.H.** *Pelvic dimensions and the outcome of trial labour in Shona and Zulu primigravidas.* South African Medical Journal (Cape Town), 55(10), 19 May 1979, 847-851. Engl. 16 refs.

Pelvic contraction is very prevalent in Africa, while radiological facilities to assess pelvic size and shape are seldom available. A trial of labour using simple guidelines on a cervicograph can enable the midwife to detect dysfunctional labour and help medical staff to manage these problems. Radiological checks in 116 black primigravid patients with dysfunctional labour demonstrated that an active trial of labour is accurate in determining which of these patients have marked disproportion requiring caesarean section, minimal disproportion requiring assisted delivery, or primary uterine inertia responding to oxytocic stimulation. Statistical data are included. (Modified journal abstract)

7669 **Storch, G.A., Cann, R.A., Martin, W.T., Pollard, R.A., Sinclair, S.P.** *Shigellosis in the Marshall Islands; epidemiological aspects of an outbreak.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 29(3), May 1980, 456-463. Engl. 16 refs.

An outbreak of diarrheal illness caused by *Shigella flexneri* 1b and associated with 11 deaths occurred in the Marshall Islands during June and July 1977. A house-to-house survey on Majuro indicated an attack rate of 6.2%. Neither the survey nor a case-control study uncovered a common source of exposure on Majuro and it is believed that transmission was mainly person-to-person. Socioeconomic factors, type of water supply, distance to municipal water supply, and type of sanitary facility could not be related to the occurrence of illness, but a poor sanitary rating was associated with increased rate of household transmission. Statistical data are included. (Modified journal abstract)

7670 **Sukkar, M.Y., Kemm, J.R., Maheen, A.M., Khalil, M.H.** *Anthropometric survey of children in rural Khartoum, Sudan.* Annals of Human Biology (London), 6(2), 1979, 147-158. Engl. Refs.

The results of a cross-sectional anthropometric survey of 1 254 Sudanese children aged up to 13 years 6 months are discussed. The children were found to be shorter and lighter and to have less subcutaneous fat than British children. Findings are also compared with those from other African populations. Comparison with a survey performed in the same village 7 years earlier reveals that the heights and weights of the children have hardly changed, despite a considerable improvement in economic status. The children still have a lower weight-for-height than British and other African counterparts. Statistical data are included. (Modified journal abstract)

7671 **Sumoto, Pieh, H., Wiharta, A.S., Suharyono** *Oral electrolyte solution (Pedialyte) in the treatment of acute infantile gastroenteritis.* Paediatrica Indonesiana (Jakarta), 18(7/8), Jul-Aug 1978, 199-208. Engl. 18 refs.

Fifth Annual Scientific Meeting of the Coordinating Board of Indonesian Pediatric Gastroenterology, Parapat, North Sumatra, 9-12 Dec 1977.

During a 3-month period, 35 Indonesian hospital inpatients aged less than 2 years with acute infantile gastroenteritis and varying degrees of dehydration were treated with a pre-mixed oral glucose electrolyte solution. From the clinical, chemical, and other observations, it is concluded that this ready-to-feed solution can be safely and effectively used in the treatment of this disease. No complications were observed in this study. Statistical data are included. (DP-E)

7672 **Swenson, I., Harper, P.A.** *High risk maternal factors related to fetal wastage in rural Bangladesh.* Journal of Biosocial Science (Cambridge, UK), 11(4), Oct 1979, 465-471. Engl. Refs.

This analysis examines the relationship between fetal mortality (early fetal death and stillbirth), pregnancy

order, maternal age, and previous fetal deaths among women in rural Bangladesh, an area characterized by high fertility and mortality and the virtual absence of obstetric and other medical care. It is concluded that the absence of health services and the high maternal mortality in this population may allow only those women without reproductive impairments to reach the higher pregnancy orders. Statistical data are included. (Modified journal abstract)

7673 **Taha, O.M., Hag Ali, M., Omer, E.E., Ahmed, M.A., Abbaro, S.A.** *Study of STDs in patients attending venereal disease clinics in Khartoum, Sudan.* British Journal of Venereal Diseases (London), 55(5), 1979, 313-315. Engl.

From October 1976-January 1978, 290 patients were examined for sexually transmitted diseases (STDs) in three venereal disease clinics in Khartoum province (Sudan). Nongonococcal urethritis was the commonest STD in men (35.1%), with gonorrhoea 2nd (25.0%). Most of the patients with STDs (86.5%) were aged 20-39 years. Of the men, 49.3% had acquired their infections from prostitutes. Almost half (44.1%) of the male patients did not admit the source of their infection and denied having any sexual intercourse, illustrating their lack of health education and making contact-tracing difficult. Statistical data are included. (Modified journal abstract)

7674 **Taha, S.A.** *Ecological factors underlying protein-calorie malnutrition in an irrigated area of the Sudan.* Ecology of Food and Nutrition (London), 7, 1979, 193-201. Engl. Refs.

A community survey was undertaken in 14 villages in a farming region of the Sudan to determine the cause of malnutrition. Low expenditures on food, poor housing conditions, and poor hygiene were found to result from low income. While the ultimate goal should be improvement of income, quicker results will be achieved by correcting poor dietary habits, especially those related to child feeding. Decline of breast-feeding, rise in bottle-feeding, lack of supplementary foods, and inequitable intra-family food distribution are particularly important. Low levels of immunization against communicable diseases is a contributing factor that could be corrected immediately. Family size and birth rank were not important in the aetiology of malnutrition in the villages. (Modified journal abstract)

7675 **Tan, C.L., Tan, K.W., Fam, K.L.** *Routine newborn clinical screening and 6-week infant postnatal clinical screen in Alexandra Hospital.* Singapore Medical Journal (Singapore), 20(3), Sep 1979, 381-390. Engl. 13 refs.

A retrospective study was conducted on the data compiled at routine newborn clinical screening and 6-week infant postnatal screening of 4 530 babies delivered at Alexandra Hospital in 1976. The obstetric as well as pediatric medical data were computer analyzed to establish the disease pattern and some feeding data of the newborn and young infant and conclusions drawn on the yield from such screening practices in the context of the hospital manpower situation. Statistical data are included. (Modified journal abstract)

7676 **Taylor, H.R., Greene, B.M., Laughlin, M.** *Controlled clinical trial of oral and topical diethylcarbamazine in treatment of onchocerciasis.* Lancet (London), 1(1875), 3 May 1980, 943-946. Engl. 17 refs.

In a double-blind controlled clinical trial comparing the safety and efficacy of oral diethylcarbamazine citrate (DEC) with topical DEC for the treatment of onchocerciasis, 20 men with moderate skin-snip microfilarial counts received daily therapy for 1 week, followed by weekly therapy for a total of 6 months. The number of microfilariae per skin snip dropped quickly to 2% of initial levels and remained at low levels in those receiving oral DEC, and to 20% of initial levels in patients treated with DEC lotion. Side effects in both groups included lymphadenopathy, fever, pruritus, rash, proteinuria, and chorioretinitis; they were commoner with topical DEC. (Modified journal abstract)

7677 **Taylor, P.** *Scabies in Zimbabwe Rhodesia: distribution on the human body and the efficacy of lindane and permethrin as scabicides.* Central African Journal of Medicine (Salisbury), 25(8), Aug 1979, 165-168. Engl. 12 refs.

In a test conducted in Salisbury, Zimbabwe, 45 (65%) of 69 scabies patients treated with lindane were completely cured after 2-3 weeks; the comparable cure rate for permethrin was 63%. The clinical features of the disease, sites of infestation in the patients studied, treatment details, and reasons for failure are discussed. Statistical data are included. (DP-E)

7678 **Thacher, S.B., Music, S.I., Pollard, R.A., Berggren, G., Boulos, C.** *Acute water shortage and health problems in Haiti.* Lancet (London), 1(8166), 1 Mar 1980, 471-473. Engl.

A study of the effects of an acute water shortage on the health of an urban poor population already accustomed to low levels of water use was conducted in Port-au-Prince, Haiti, following a severe drought and power shortage. The results suggest that a major determinant of illness in children was reduction in water quantity — a possibility that has important implications for public health and bears further investigation. (HC-L)

7679 **Tonkin, S., Eyles, E., Salmond, C., Ross, R.** *Tokelau Islands Children's Study: Atoll and New Zealand comparisons; physical growth.* New Zealand Medical Journal (Wellington), (89), 13 Jun 1979, 429-432. Engl. 11 refs.

A comparison is made between the birth weights, weights, heights, skinfold thicknesses, and head circumferences of two groups of Tokelauan children aged less than 15 years, one group living in Tokelau on their three home atolls and the other group in New Zealand. The children living in New Zealand were in general heavier and taller and had more body fat and larger head circumferences than the children living in Tokelau, probably

due to their improved nutritional status. Statistical data are included. (Modified journal abstract)

7680 **Teun-Langendijk, E.M., Nauta, B.** *Relapses in leprosy after release from control.* Leprosy Review (London), 50(2), 1979, 123-127. Engl. 11 refs.

In 1974, 678 Ethiopian patients, who were originally classified as suffering from various types of leprosy from LL to TT, were released from control. During the next 3 years, 105 of them reported back with evidence of relapse that was confirmed by clinical, bacteriological, and electrophysiological observations. During this period, the overall relapse rate was 15%, but patients in the LL/BL group, the indeterminate group, and the BT group treated for less than 5 years had a relapse rate of over 30%. Reasons for these disconcertingly high figures are discussed and a plea is made for the collection of more data on relapse rates in similar groups of patients elsewhere. (Modified journal abstract)

7681 **Turini, T.L., Takata, P.K., Turini, B., Ribeiro, A.B., Landgraf, A.** *Desnutrição e aproveitamento escolar — estudo entre escolares da primeira série do primeiro grau da zona urbana periférica de Londrina, PR, Brasil. (Malnutrition and academic development — a study among first grade schoolchildren from the peripheral urban area of Londrina, PR, Brazil).* Revista de Saúde Pública (São Paulo, Brazil), 12(1), 1978, 44-54. Portuguese. 19 refs.

This study of 450 elementary schoolchildren from the peripheral urban area of Londrina, Brazil, revealed an incidence of malnutrition of 34.89%. Of the undernourished children, only 56.69% exhibited satisfactory academic performance, as compared to 73.88% of the normal children. The undernourished children were more likely to belong to families with low *per capita* gross monthly income, but *per capita* monthly expenditure on food was more closely related to school performance than was *per capita* income itself. (Modified journal abstract)

7682 **Valmonte, R.E., Florentin, C.A., Guillen, H.A.** *Distribution of nutrients within the Filipino family.* Nutrition Reports International (Los Altos, Cal.), 19(4), Apr 1979, 573-581. Engl.

A nutritional study of 97 households from rice-growing communities in Laguna, the Philippines, showed that the dietary consumption of all respondents fell below recommended levels for all nutrients except iron. Parents had more adequate diets than their children, while fathers had slightly better diets than mothers and male children better than female. Of all sex-age groupings, male preschoolers and female adolescents were the most and least adequately fed groups, respectively. These significant differences in nutrient adequacy persisted even when the effects of the socioeconomic variables were accounted for in the regression. Statistical data are included. (Modified journal abstract)

7683 **Van Niekerk, C.H., Weinberg, E.G., Lera Shaw, C.S., Heese, H. de V.** *Intestinal parasitic infestation in urban and rural Xhosa children; a comparative study.* South African Medical Journal (Cape Town), 55(8), 5 May 1979, 756-757. Engl. 9 refs.

Evidence of helminthic intestinal parasites (mainly *Trichuris trichuria*) was found in 97% of the stool samples of 544 Xhosa schoolchildren in Guguletu, Cape Town, South Africa. In contrast, only 9.8% of Xhosa children living in rural Tsolo district, Transkei, had intestinal parasites despite the poor sanitary conditions of the area. The high prevalence of infestation in the urban children suggests considerable contamination of the soil by parasitic ova, which can only be overcome by an extensive programme of education and treatment. (Modified journal abstract)

7684 **Verma, B.L., Kumar, A., Srivastava, R.N.** *Growth profile of preschool children in an Indian rural community.* Journal of Epidemiology and Community Health (London), 34(1), Mar 1980, 59-64. Engl. 21 refs.

An investigation into the anthropometry of preschool children of poor socioeconomic status was carried out in a rural Indian community by door-to-door visits. All measurements — height, weight, left midarm girth, and chest and head circumferences — were far below local as well as international standards. By comparison with the Harvard standard, about 53% of the children were below it with respect to height for age and about 82% with respect to weight for height. The proportion of undernourished girls was relatively higher than that of boys. The need to develop regional standards is emphasized. (Modified journal abstract)

7685 **Vichitbandha, P., Paraingha, T., Podhipleux, P., Yongchaiyud, S., Suchatanond, M.** *Problems of hilltribe people and integrated development.* Journal of the Medical Association of Thailand (Bangkok), 64(4), Apr 1981, 159-173. Engl.

A research project of integrated development was carried out among several ethnic groups in the Mae Chan district of northern Thailand. Data were collected on health, education, and socioeconomic status and a programme to improve all of these aspects of life was implemented. An immediate evaluation showed improvements in health care delivery and sanitation. Programmes of vaccination, animal care and raising, and health education also proved beneficial. The study model is being applied in other areas. The project and its implementation are described and statistical data are included. (Modified journal abstract)

7686 **Vijayalingamba, E., Geervani, P.** *Diet and nutritional status of pre-school children and nutritional awareness of the mothers of urban slums of Hyderabad.* Indian Journal of Pediatrics (Calcutta, India), 46(372), Jan 1979, 8-12. Engl.

As part of a special nutrition programme for preschool children in Hyderabad, India, a survey of 250 children collected information on the dietary habits of the family,

feeding patterns followed for the child, nutritional awareness of the mothers, food intake of the children, and nutritional status. Results showed that a majority of the children were breast-fed up to the age of 2 years and that mothers were not aware of proper weaning practices. Food intake was much less than recommended allowances, with protein derived chiefly from cereal products, and vitamin intake much less than the requirements. Both weight and height were below standard and symptoms of vitamin B complex deficiency were prevalent. Most mothers had little knowledge of proper infant feeding practices and the importance of certain foods in the diet. Statistical data are included. (FM)

7687 **Walther, F.J.** *Health status and care of children under one year of age attending the Kibara mobile child health clinics in Tanzania.* East African Medical Journal (Nairobi), 56(10), Oct 1979, 475-484. Engl. 21 refs.

All 1 120 infants attending three mobile maternal child health clinics of the Kiara Hospital in Tanzania were followed during their 1st year of life with regard to coverage, attendance pattern, morbidity, nutritional status, mortality, immunization status, and costs of the mobile approach. The results of the study are interpreted by considering infant health status (mortality and nutritional status) and infant health care indicators (coverage of the infant population and immunizations). It is concluded that increased care of infants aged less than 12 or 18 months will augment the overall effects of child health care. It is suggested that specialized clinics be established for infants aged less than 18 months. (Modified journal abstract)

7688 **Wang, C.R., Yang, S.P.** *Lanxingyamei faxue jong zhi jiekai musufanying diao cha. (Survey of tuberculin reaction among schoolchildren of Yami tribe in Orchid Island (a solitary island)).* Journal of the Formosan Medical Association (Taipei), 77(6), 1978, 533-537. Chinese.

In order to measure the incidence of tuberculosis among the Yami tribe of Orchid Island (China R) since the previous investigations, tuberculin skin tests were given to the 578 (284 male and 294 female) schoolchildren of the island. The overall positive rate was 6.1%, which was much lower than that of children of the same age group living in Taiwan proper. The positive rate increased with age and there was no sex difference. In comparison with previous surveys, there has apparently been no increase in the infection rate for the past 30 years. However, as more and more contact with outsiders may be anticipated in the future, the necessity for BCG vaccinations or other preventive measures is stressed. Statistical data are included. (Modified journal abstract)

7689 **Warren, K.S., Mahmoud, A.A., Muruka, J.F., Whittaker, L.R., Ouma, J.H.** *Schistosomiasis haematobia in Coast Province Kenya; relationship between egg output and morbidity.* American Journal of Tropical Medicine and Hygiene (Baltimore, Md.), 28(5), 1979, 864-870. Engl. 14 refs.

Studies of schistosomiasis haematobia in Africa revealed a correlation between intensity of infection measured by urine egg counts and severity of disease determined by intravenous pyelography. The present study consisted of a survey of 390 schoolchildren in the coastal area of Kenya involving a single egg count and intravenous pyelograms in a random sample of 69 children. Results showed a greater prevalence of urinary tract disease in those with higher intensities of infection. A more detailed study produced similar results. Of 11 children with minimal and moderate egg counts, 30% had bladder or renal abnormalities. In comparison, all of the 6 children with heavy counts had bladder lesions and 5 of them had renal lesions. Statistical data are included. (Modified journal abstract)

7690 **Weekly Epidemiological Record, Geneva.** *Cholera in 1978/Choléra en 1978.* Weekly Epidemiological Record (Geneva), 54(17), 27 Apr 1979, 129-131.

Epidemiological information collected by WHO showed an increase in cholera cases in 1978, with 8 new countries being affected. The total number of countries reporting cholera (40) was the highest since 1961. Large outbreaks occurred in Burundi and Tanzania, accounting for some 65% of all reported cases in Africa, while significant decreases were recorded in Ghana, Liberia, Malawi, and Togo. Although the situation in Asia appeared similar to that reported in 1977, most countries actually showed a considerable decrease from the previous year. However, 5 of the countries reporting cholera had not been affected in 1977. For the 1st time since 1961, a small outbreak occurred in the USA. The report suggests that diarrheal disease surveillance is the most effective way of controlling cholera. (FM)

7691 **Wenlock, R.W.** *Food intakes and nutritional status — implications for the formulation of development policies for Zambia.* Ecology of Food and Nutrition (London), 7, 1979, 203-212. Engl. Refs.

Results of food consumption and nutritional status surveys of the rural Zambian population are combined and the risk of nutritional and anthropometric deficiencies is related to measured food intake. The main nutritional problem is that of insufficient food in general. This finding is discussed with regard to the formulation of development plans for Zambia. Increasing availability of almost any suitable traditional food should alleviate the situation. Future applied nutrition goals must be kept within feasible limits to avoid disillusion and apathy among local political authorities. Statistical data are included. (Modified journal abstract)

7692 **Williamson, W.A., Giles, H.M.** *Malumfashi Endemic Diseases Research Project; II: malariometry in Malumfashi, Northern Nigeria.* Annals of Tropical Medicine and Parasitology (Liverpool, UK), 72(4), 1978, 323-328. Engl. 10 refs.

Prior to longitudinal studies into the effects of malaria upon the immune response, nutritional status, and haematological indices in young children in northern Nigeria, the degree of malarial endemicity in the area

has been established. Field work carried out in the wet seasons of 1976 and 1977 and the dry season of 1977 has demonstrated seasonal variations in transmission. Age-specific parasite prevalence and splenic indices confirm previous studies that this northern part of the Guinea savannah belt of West Central Africa is a holoendemic area. Statistical data are included. (Modified journal abstract)

7693 **Wong, H.B.** *Some aspects of paediatric eye problems in Singapore.* Nursing Journal of Singapore (Singapore), 18(2), Nov 1978, 103-108. Engl.

Eye pathology in Singapore has changed significantly over the past 20 years as a result of increasing improvements in general health. Infectious eye diseases and vitamin A deficiency have given way to genetic factors, intrauterine conditions, and acquired diseases as leading causes of blindness in children and the most common eye abnormality is myopia. This paper reviews the epidemiology of pediatric eye diseases in Singapore and the implications for public health. (HC-L)

7694 **Woodward, W.E.** *Pediatric morbidity and mortality in Minas Gerais, Brazil.* Disasters (Oxford, UK), 3(2), 1979, 191-193. Engl.

A field survey of hospitals in the state of Minas Gerais, Brazil, provides child morbidity and mortality data. The most common diagnoses were diarrhea, accounting for 43% of all admissions, and acute respiratory illnesses, accounting for 29%. An overall mortality due to acute diarrhea of 4.6% was reported, with many more deaths unrecorded. Methodological lessons learned from the survey include the importance of simple, clearly defined questions, alternative methods of cross-checking information, utilization of local resources and manpower, and speedy analysis of results followed by immediate distribution. Statistical data are included. (FM)

7695 **World Health Statistics, Geneva.** *Infant and juvenile mortality at Algiers/Mortalité infantile et juvénile à Alger.* World Health Statistics (Geneva), 34(1), 1981, 44-63. Engl., Fren.

Results of this WHO survey confirm that infant mortality remains high in Algiers. Complications associated with pregnancy and childbirth account for 85% of deaths before the age of 1 month. From age 1 month-11 months, diarrheal diseases predominate (43% of all deaths), followed by respiratory infections and measles (32%). Finally, from age 1-4 years, measles and respiratory illnesses occupy 1st place (39%), followed by diarrheal diseases (24%). The survey also shows the importance of a large number of demographic, medical, and socioeconomic factors related to the social environment or to the parents' behaviour towards the child. Copious statistical data are included. (Modified journal abstract)

7696 **Yebakima, A., Baya-Tsika, N., Coulm, J., Molouba, R.** *Onchocercose dans la région de Brazzaville (Congo); note préliminaire. (Onchocerciasis in the Brazzaville area (Congo); preliminary note).* Bulletin de la Société de Pathologie Exotique et de ses Filiales (Paris), 72(1), 1979, 35-40. Fren.

In March 1978, the authors carried out a rapid study of an onchocerciasis focus near Brazzaville, Congo. Using a simplified methodology to study the prevalence of the disease, they collected entomological, parasitological, and clinical data on 307 individuals. Of the total examined, 42.7% showed the presence of microfilaria, 14.9% had cysts, and 44.9% had microfilaria and/or cysts. The study reveals the high incidence of onchocerciasis in this area and emphasizes its proximity to Brazzaville. More detailed studies of the focus need to be carried out and the necessary preventive measures taken. Statistical data are included. (FM)

7697 **Yekutiel, P.** *Eradication of infectious diseases; a critical study.* Basel, Switzerland, S. Karger, Contributions to Epidemiology and Biostatistics, Vol. 2, 1980. -1164p. Engl. 13 refs.

The 1st part of this monograph examines the basic controversy between the concepts of disease control and eradication and provides precise epidemiological and operational criteria for deciding on one or the other in given situations. In the 2nd part, the author reviews the successes and setbacks of recent and current eradication campaigns against malaria, smallpox, yellow fever, and yaws in light of these criteria. The closing chapter presents approaches in the control of infectious diseases and considers the feasibility of further eradication programmes. Statistical data are included. (RMB)

7698 **Yekutiel, P.** *Infective diseases in Israel; changing patterns over 30 years.* Israel Journal of Medical Science (Jerusalem), 15(12), Dec 1979, 976-982. Engl. 11 refs.

Problems related to infectious diseases and their control in Israel since 1948 are examined in detail, particularly those connected with the mass immigration of the 1950s. Diphtheria, poliomyelitis, and whooping cough were quickly brought under control by means of immunization programmes. The control of measles followed more slowly. Tuberculosis constituted a serious threat in the early years but has been successfully subdued through the combined effects of BCG vaccination, screening, case-finding, systematic chemotherapy, and improved socioeconomic conditions. In contrast, diarrheal diseases, while eliminated as a major cause of infant mortality, are still highly prevalent in the general population. Some specific local diseases of topical scientific interest are also discussed. (Modified journal abstract)

7699 **Yusof, Z.A., Yusof, K.** *Some socio-economic and medical aspects of Malay mortality in urban and rural areas.* Kuala Lumpur, Malaysian Centre for Development Studies, Occasional Paper No. 1, Jan 1974. 52p. Engl.

This study of urban and rural mortality in Malaysia examines contributory socioeconomic and medical factors such as maternal child health, nutrition, income, urbanization, migration, housing (including hygiene and sanitation), and cultural and religious practices. Copious statistical data are included. (DP-E)

7700 **Zumrawi, F., Vaughan, J.P., Waterlow, J.C., Kirkwood, B.R.** *Dried skimmed milk, breast-feeding and illness episodes — a controlled trial in young children in Khartoum Province, Sudan.* International Journal of Epidemiology (Oxford, UK), 10(4), Dec 1981, 303-308. Engl.

Mothers with children attending four urban maternal child health clinics in Khartoum Province (Sudan) were given a fortnightly take-home supplement of 1 kg of dried skimmed milk, while, in four similar clinics, control mothers were given 1 kg of beans. The 300 children aged 6-26 months in each group were followed for 3-6 months. There was a gradual decline in the incidence of diarrhea in both groups but significantly more mothers in the former group continued to breast-feed. Other findings are also discussed. The trial met with numerous methodological problems and the authors emphasize the need for better designed procedures. Statistical data are included. (Modified journal abstract)

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